

Performance Outcomes Data Collection and Submission Training

California Department of Mental Health
Performance Outcome & Quality
Improvement Unit (POQI)

May 2006

Welcome From the P0QI Unit



Back (from left): Alice, Candace, Stephanie, Maureen, Marti
Front: Kari, Brenda, Traci, Minerva

Overview of Training

- ⇒ Data collection methodology
- ⇒ Confidentiality issues
- ⇒ County staff preparation
- ⇒ Collecting the data
- ⇒ Data submission options
- ⇒ Getting your data back



DATA COLLECTION METHODOLOGY

Data Collection Methodology

Target Population

⇒ Face-to-face services:

Case Management

Day Treatment

Meds only

(Funding source
doesn't matter)



Data Collection Methodology

Target Population

⇒ Exclude:

Hospitalized

Jailed

Crisis

Long-term Residential

Individual/ group

contract managed-

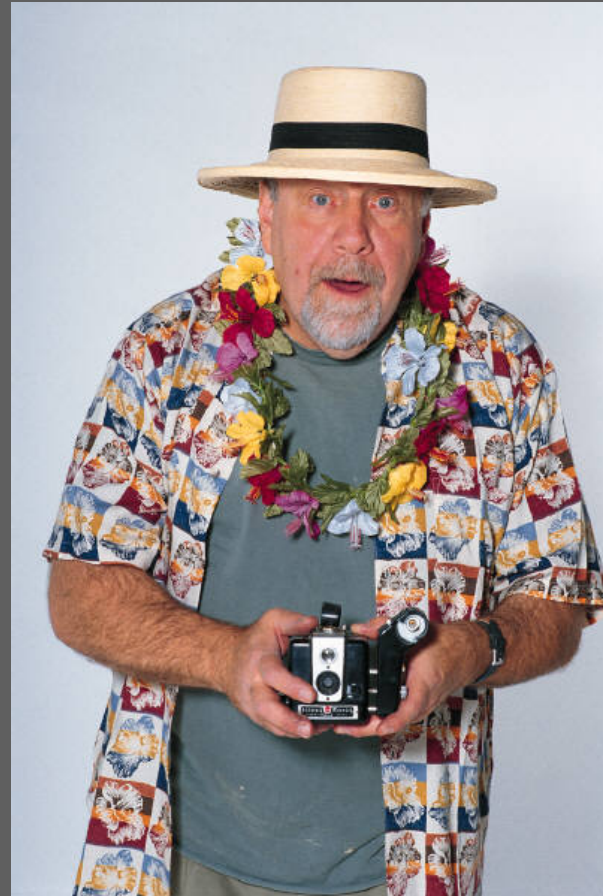
care network

providers



Data Collection Methodology

- “Snap-shot” or “Point-in-time” approach
- New sample every time (twice a year)
- Two week data collection period



3 Data Submission Options

- ⇒ **Option 1:** On-line key/mouse data entry (Key Entry)
- ⇒ **Option 2:** Local scanning & web-based data verification (Scan & Verify)
- ⇒ **Option 3:** ITWS Web-based text data upload (ITWS)

Instrumentation

- ⇒ Adult Survey
- ⇒ Older Adult Survey
- ⇒ Youth Services Survey (YSS)
- ⇒ Youth Services Survey for Families (YSS-F)



HIPAA & Confidentiality

- ⇒ State Law (W&I code sec. 5610) requires the collection of performance outcome data
- ⇒ HIPAA requirements for authorizations from consumers **DO NOT APPLY!**
- ⇒ Rest of Privacy Rules **do** apply



COUNTY STAFF PREPARATION

County Staff Preparation

- ⇒ Survey form characteristics
- ⇒ Down loading forms
- ⇒ Printing forms
- ⇒ Preparing forms
- ⇒ Administering the survey
- ⇒ Staff authorization
- ⇒ Confidentiality



What Survey Forms to Use??

- ⇒ Do **NOT** use forms from previous surveys
- ⇒ Must use DMH Forms for Scan&Verify Option
- ⇒ Key Entry and ITWS users may use DMH forms
- ⇒ DIY must follow data dictionaries
<http://www.dmh.ca.gov/POQI/documents.asp>

Age Appropriate Forms

- ⇒ Older Adults age 60 + get Older Adult Form
 - *May 2005 24% older adults were under 60 (Wrong form or Wrong age?)
 - * Nov 2004 over 20%
- ⇒ Youth age 13-17 and Transitional Aged Youth get the Youth Survey
- ⇒ Adults age 18-59 get Adult Survey

DMH Survey Form Characteristics

- ⇒ Teleform system forms
4 'Posts' for Teleform reader, unique Key
- ⇒ Page linking number CSI CCN
Not prefilled boxes

Downloading Forms

Performance Outcomes and Quality Improvement (POQI): Home Page - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Reload Home Search Favorites

Address <http://www.dmh.ca.gov/POQI/default.asp> Go Links

California Home Friday, April 7, 2006

Welcome to *California*

Performance Outcomes System

[History & Legislation](#)

[System Documents](#)

[Letters](#)

[Reports and Presentations](#)

[Web-Based Data Reporting System](#)

[Training](#)

[Archive](#)

MHSA Full Service Partnership

CALIFORNIA DEPARTMENT OF Mental Health

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My CA DMH

Performance Outcomes and Quality Improvement (POQI): Home Page

The Performance Outcomes and Quality Improvement (POQI) unit is responsible for planning and implementing California's statewide public mental health performance outcome systems. These systems are the result of a collaborative effort between the California Department of Mental Health (DMH), California Mental Health Director's Association (CMHDA), and the California Mental Health Planning Council (CMHPC). The goal of California's performance outcomes system is to facilitate a process whereby mental health clients and their families receive the highest quality and most effective services in a manner that both empowers and respects them as individuals.

Subscribe to the POQI Website and receive email notification when new information is added.

Subscribe to POQI

Downloading Forms cont.

Performance Outcomes and Quality Improvement (POQI): System Documents - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address <http://www.dmh.ca.gov/POQI/documents.asp> Go Links

Performance Outcomes System

- [History & Legislation](#)
- [System Documents](#)
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- [Web-Based Data Reporting System](#)
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MHSA Full Service Partnership Evaluation

- [Legislation](#)
- [Forms](#)
- [Data Submission](#)
- [Reports and Presentations](#)
- [Performance Measurement Advisory](#)

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Performance Outcomes and Quality Improvement (POQI): System Documents

***To view the following documents you must have [Adobe Acrobat Reader](#)

Manual

[Performance Outcomes Data Collection and Submission Training Manual](#)

Data Dictionary

[Performance Outcomes Data Dictionaries \(last updated 3/8/05\)](#)

Consumer Perception Surveys

[May 2006 Consumer Perception Surveys](#)

Downloading Forms (Cont.)

The screenshot shows a Microsoft Internet Explorer window titled "Performance Outcomes and Quality Improvement (POQI): May 2005 Consumer Perception Surveys - Microsoft ...". The address bar shows the URL "http://www.dmh.ca.gov/POQI/perception_survey.asp". The page features the California Department of Mental Health logo and a search bar. A blue banner at the top of the content area reads "Performance Outcomes and Quality Improvement (POQI): May 2006 Consumer Perception Surveys". Below this, a note states: "***To view the following documents you must have [Adobe Acrobat Reader](#) .". The main content is titled "May 2006 Consumer Perception Surveys" and lists two surveys with their respective language options:

Survey Name	Language Options
Youth Services Survey for Youth (YSS)	<ul style="list-style-type: none">EnglishSpanishTagalogChineseKoreanVietnamese
Youth Services Survey for Families (YSS-F)	<ul style="list-style-type: none">EnglishSpanish

The left sidebar contains a "Performance Outcomes System" menu with links to "History & Legislation", "System Documents", "Letters", "Reports and Presentations", "Web-Based Data Reporting System", "Training", "Archive", "MHSA Full Service Partnership Evaluation", "Legislation", "Forms", and "Data Submission". The status bar at the bottom shows "Done" and "Internet".

Finish Downloading

- ⇒ Save the survey forms to hard drive or to a disk



Image Quality Critical For Scan & Verify

- ⇒ Scan & verify technology demands good image quality
- ⇒ Copies are **NEVER** as sharp as originals
- ⇒ Print each survey form needed directly from Adobe file. Do not make copies
- ⇒ Can take disk to copy shop & have forms printed from file

More Printing Instructions

⇒ Before downloading
UNCHECK box “Shrink oversize pages
to paper size” (Acrobat 5)

OR

Page scaling box shows ‘None’
(Acrobat 6 & 7)

Adobe Acrobat Print Box 5.0

Print

Printer:

Name: P130_1

Status: Ready

Type: HP LaserJet 4 Plus

Where: 172.20.18.16:

Properties

Print Range:

☒ All ☐ Selected pages/graphic

☐ Current page

☐ Pages from: 1 to: 1

Print: Even and Odd Pages

☒ Comments

Copies and Adjustments:

Number of copies: 1

☒ Collate

☐ Shrink oversized pages to paper size

☐ Expand small pages to paper size

☐ Auto-rotate and center pages

PostScript Options:

Print Method: Language Level 2

☒ Optimize for Speed

☒ Download Asian Fonts ☐ Save Printer Memory

Color Managed: On printer

Printing Tips

Preview

Units: Inches Zoom: 100.0%

OK Cancel

Make sure
these boxes are
NOT
CHECKED

Adobe Acrobat Print Box 6.0

Print [?] [X]

Printer

Name: P130_1 [v] Properties

Status: Ready

Type: HP LaserJet 4 Plus

☐ Print to file

Print Range

☒ All

☐ Current view

☐ Current page

☐ Pages from: 1 to: 1

Subset: All pages in range [v] ☐ Reverse pages

Page Handling

Copies: 1 [v] ☒ Collate

Page Scaling: None [v]

☐ Auto-Rotate

☐ Choose Paper Source by PDF page size

Print What: Document [v]

Printing Tips Advanced

Preview

8.5

11

Units: Inches Zoom: 100%

OK Cancel

Adobe Acrobat Print Box 7

Print [?] [X]

Printer

Name: \\MHSAV1\NP130-2 [v] Properties

Status: Ready

Type: HP LaserJet 4250 PCL 6

Comments and Forms: Document [v]

Print Range

☒ All

☐ Current view

☐ Current page

☐ Pages from: 1 to: 4

Subset: All pages in range [v] ☐ Reverse pages

Page Handling

Copies: 1 [v] ☒ Collate

Page Scaling: None [v]

☒ Auto-Rotate

☐ Choose Paper

☐ Print to file

☐ Print color as black

Printing Tips Advanced

Preview

8.5

11

Document: 8.5 x 11.0 in
Paper: 8.5 x 11.0 in
1/4 (1)

OK Cancel



DATA COLLECTION

Survey Administration

- ➔ Use volunteer/peer advocate
- ➔ Do NOT use clinical or service delivery staff
- ➔ Need to understand importance of consumer input
- ➔ Non staff may need Business Associate Agreement (HIPAA)



Good Data Come from Well Trained Staff

- ⇒ Train the people who will collect the data
- ⇒ Train re: Form type (right age, right language)
- ⇒ Train to review form when turned in



How to Mark Teleform Surveys

- ⇒ Staff need to know correct way to mark forms
 1. To help consumers complete survey forms
 2. “For Office Use Only” section on each form

Marking Survey Form

- ⇒ THINK BUBBLES!
- ⇒ Only one answer (bubble) for most questions



Correct



Incorrect



Making Corrections

Xxxxxx

xxxxxx

⇒ Think X'S !!

⇒ Correct mistakes by drawing an "X" over the incorrect entry

● Male

~~●~~ Female

○ Other

County Completed Items

- ⇒ CSI County Client Number (CCN)
- ⇒ County code
- ⇒ Date of survey
- ⇒ When applicable, why consumer did not complete form
- ⇒ Optional County Questions

CSI County Client Number / AKA Page Linking Number

- | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 17. I, not staff, decided my treatment goals. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Staff were sensitive to my cultural background
(race, religion, language, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. Staff helped me obtain the information I needed so
that I could take charge of managing my illness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I was encouraged to use consumer-run programs
(support groups, drop-in centers, crisis phone line, etc.). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...



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CSI County Client Number

A	-	E	N
---	---	---	---

Page 1 of 4

Draft



County Client Number

- ⇒ Right justify!!
- ⇒ No Empty boxes

17. I, not staff, decided my treatment goals. ☐ ☐ ☐ ☐ ☐ ☐
18. Staff were sensitive to my cultural background (race, religion, language, etc.). ☐ ☐ ☐ ☐ ☐ ☐
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. ☐ ☐ ☐ ☐ ☐ ☐
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). ☐ ☐ ☐ ☐ ☐ ☐

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...

000001234 A - E N

CSI County Client Number
Must be entered on EVERY page

Page 1 of 4

59605



'Faux' County Client Number

- ⇒ Create a fictitious CCN for clients who lack one
- ⇒ Start with the '#' sign
- ⇒ Example:

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. ☐ ☐ ☐ ☐ ☐ ☐

20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). ☐ ☐ ☐ ☐ ☐ ☐

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.


CONTINUED ON NEXT PAGE...

49283

0 0 0 0 0 0 0 1 **A - E N 0 5 / 0 1 / 0 5**

CSI County Client Number
Must be entered on EVERY page

Page 1 of 4



For Office Use Only

8. Please identify who helped you complete any part of this survey (Choose all that apply):
- ☐ I did not need any help.
 - ☐ A mental health advocate / volunteer helped me.
 - ☐ Another mental health consumer helped me.
 - ☐ A member of my family helped me.
 - ☐ A professional interviewer helped me.
 - ☐ My clinician / case manager helped me.
 - ☐ A staff member other than my clinician or case manager helped me.
 - ☐ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

Date of Survey Administration:

 - -

Reason (if applicable):

Ref ☐ Imp ☐ Lan ☐ Oth ☐

Make sure the same CSI County Client Number is written on all four pages of this survey.

CSI County Client Number

Optional County Questions:

County Question #1:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #2:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #3:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

Draft



Reasons For Not Completing Form



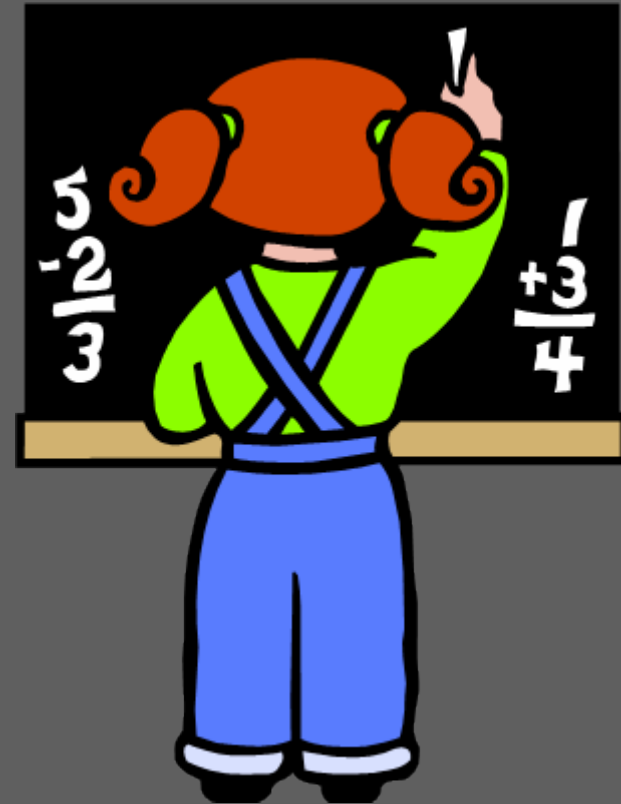
⇒ Dog ate form (NOT a choice!)

⇒ 4 REASONS

1. Refused
2. Impaired
3. Language
4. Other

Completion Rates Important

- ⇒ Required for Federal Block Grant
- ⇒ Completion rates =
surveys completed
/ surveys administered



County Client Number Again

8. Please identify who helped you complete any part of this survey (Choose all that apply):
- ☐ I did not need any help.
 - ☐ A mental health advocate / volunteer helped me.
 - ☐ Another mental health consumer helped me.
 - ☐ A member of my family helped me.
 - ☐ A professional interviewer helped me.
 - ☐ My clinician / case manager helped me.
 - ☐ A staff member other than my clinician or case manager helped me.
 - ☐ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

Date of Survey Administration:

- -

Reason (if applicable):

Ref ☐ Imp ☐ Lan ☐ Oth ☐

Make sure the same CSI County Client Number is written on all four pages of this survey.

CSI County Client Number

Optional County Questions:

County Question #1:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #2:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #3:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

Draft



Optional County Questions

- ⇒ 3 Optional county questions
- ⇒ Last page of every form
- ⇒ Only one answer (bubble) for each question (20 possible codes)

8. Please identify who helped you complete any part of this survey (Choose all that apply):

☐ I did not need any help.
 ☐ A professional interviewer helped me.
 ☐ A mental health advocate / volunteer helped me.
 ☐ My clinician / case manager helped me.
 ☐ Another mental health consumer helped me.
 ☐ A staff member other than my clinician or case manager helped me.
 ☐ A member of my family helped me.
 ☐ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

Date of Survey Administration:

- -

Reason (if applicable):

Ref ☐ Imp ☐ Lan ☐ Oth ☐

Make sure the same CSI County Client Number is written on all four pages of this survey.

CSI County Client Number

Optional County Questions:

County Question #1:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #2:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #3:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

Draft

HT

Page 4 of 4

Confidentiality of Data

- ⇒ State laws provide consumers with privacy rights
- ⇒ HIPAA provides protection and prison sentences
- ⇒ Data are confidential and must be protected
- ⇒ After surveys turned in, handle in confidential manner



DATA SUBMISSION

3 Data Submission Options

- ⇒ Option 1: On-line key/mouse data entry (Key Entry)
- ⇒ Option 2: Local scanning & web-based Data verification (Scan & Verify)
- ⇒ Option 3: ITWS Web-based text data upload (ITWS)

System Authorization

⇒ 2 separate Authorization Processes

1. POQI Authorization for Key entry & Scan & Verify option

2. ITWS Authorization

System Authorization

- ⇒ Every county has an 'Approver'
- ⇒ Names of Approvers on file w/ITWS
email: itws@dmh.ca.gov
- ⇒ 'Approver' submits list of people to be authorized for both processes
- ⇒ Must **RENEW** every data collection period

POQI Authorization

- ⇒ For people accessing key entry system
- ⇒ For people Scanning documents
- ⇒ For people Verifying documents
- ⇒ List of people sent by Approver to poqi.support@dmh.ca.gov
- ⇒ Must include name, email address, tel number

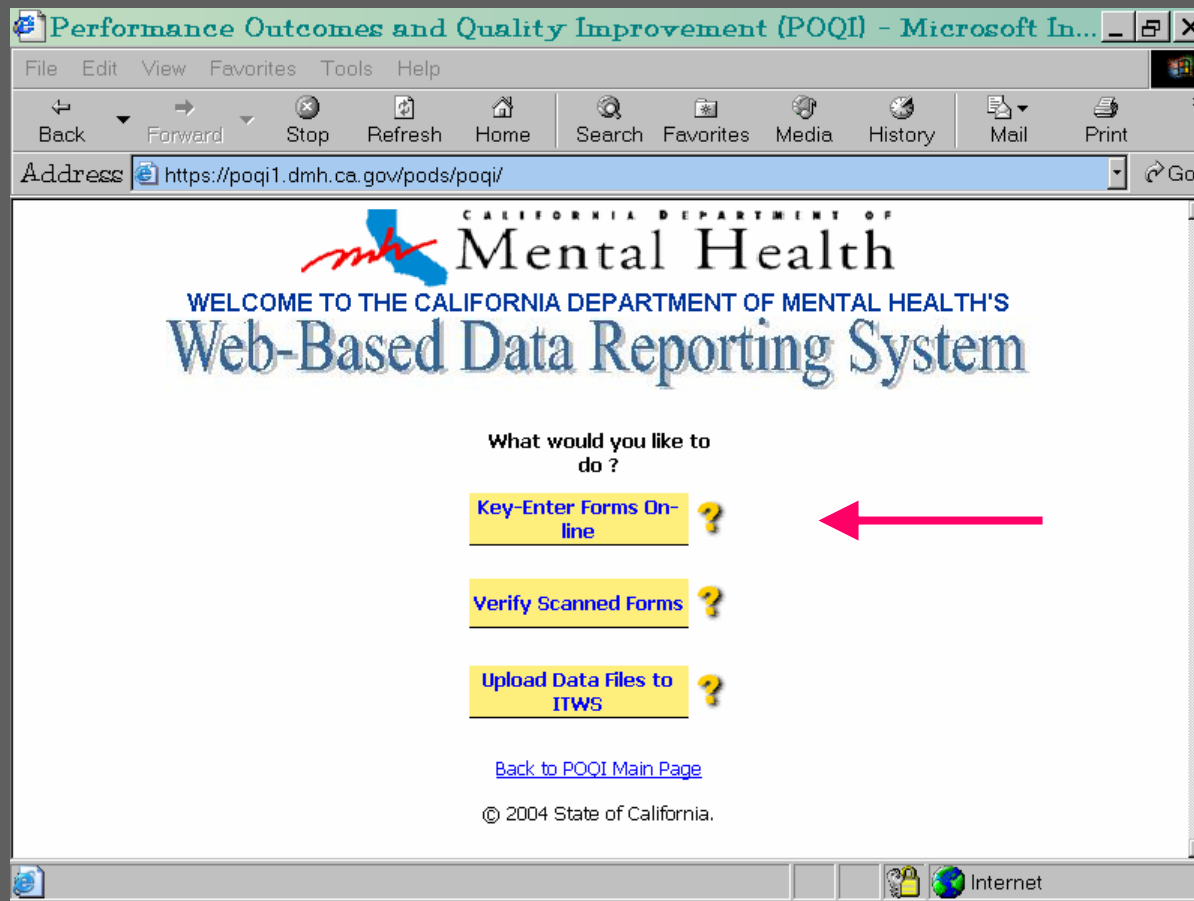
ITWS Authorization

- ⇒ Limit number of people authorized
- ⇒ **Only** those who will upload & download should have ITWS authorization (NOT everybody needs to be authorized)
- ⇒ Go to: <https://mhhitws.cahwnet.gov/> choose 'Enroll' and follow instructions

Option 1 Online Key-Mouse Data Entry

- ⇒ Start by opening your web browser
- ⇒ Go to POQI website at <https://poqi1.dmh.ca.gov/pods/poqi/>

Option 1: Key Enter Forms




Option 1: Logging in

Performance Outcomes and Quality Improvement (POQI) - Microsoft In...

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address <https://poqi1.dmh.ca.gov/pods/poqi/eformsHome.asp> Go

 **California Department of Mental Health**
WELCOME TO THE CALIFORNIA DEPARTMENT OF MENTAL HEALTH'S
Web-Based Data Reporting System

Login to Key-Enter Forms

Username:

Password:

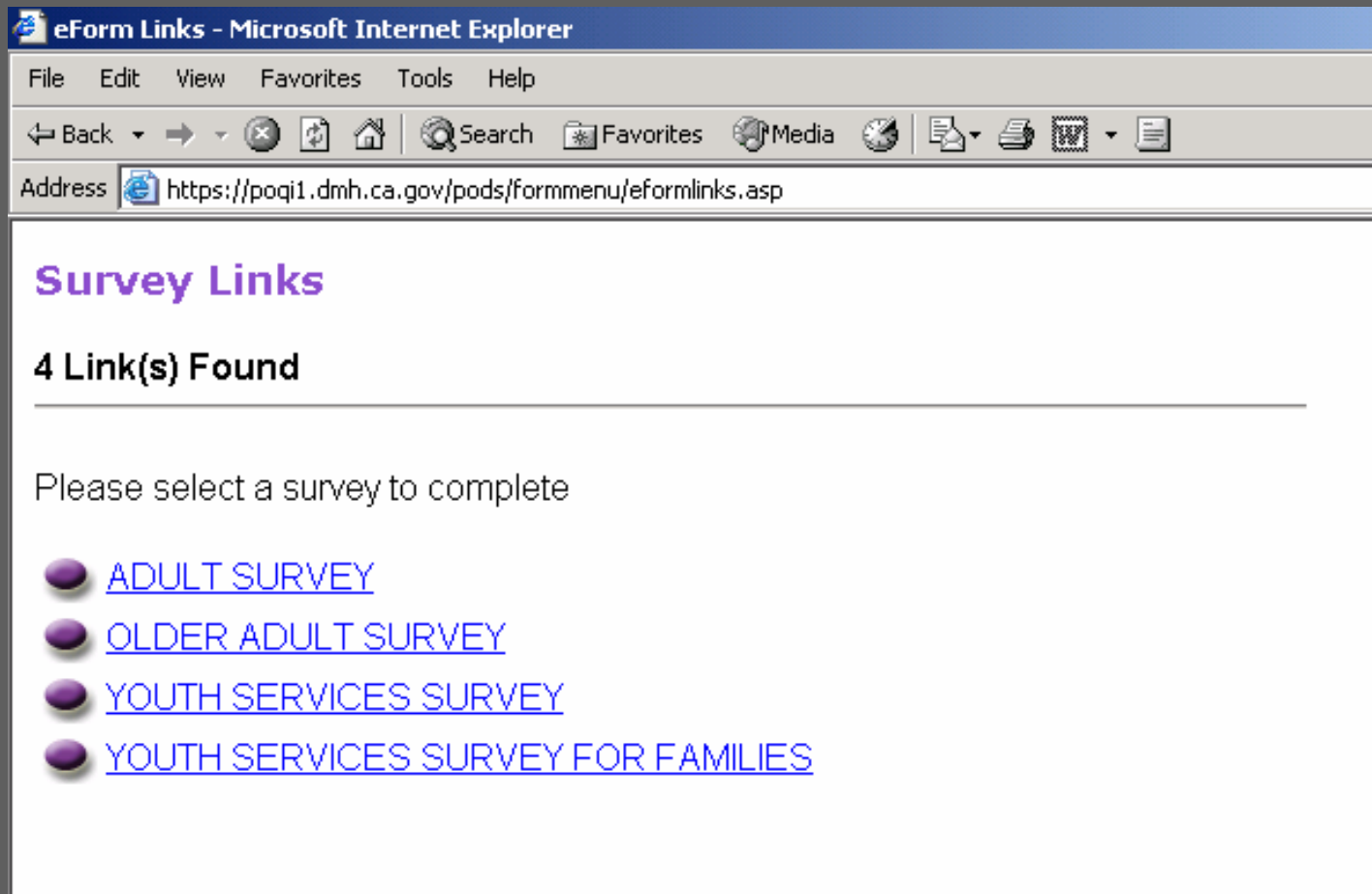
Login

[Back to POQI Main Page](#)

© 2003 State of California.

Start | Internet | 3:11 PM

Option 1: Select Survey




Option 1 Entering Data

MHSIP_QOL_Adult_0703 (HTML) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address <https://poqi1.dmh.ca.gov/pods/formmenu/09450/09450.asp> Go

 CALIFORNIA DEPARTMENT OF
Mental Health
ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please mark the circle that corresponds to your choice.

Approximately, how long have you received services here?

☐ This is my first visit here. ☐ 1 - 2 Months ☐ More than 2 years

☐ I have had more than one visit but I have received services for less than one month. ☐ 3 - 5 Months ☐ 6 months to 1 year

Done Internet

Option 1: "For office Use Only"

MHSIP_QOL_Adult_0703 (HTML) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address <https://poqi1.dmh.ca.gov/pods/formmenu/09450/09450.asp> Go

FOR OFFICE USE ONLY:

County Number	CSI County Client Number	Survey Date (mmddyyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Form Language

Reason:

- ☐ Ref
- ☐ Imp
- ☐ Lan
- ☐ Oth

County Question #1:

<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20

County Question #2:

<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20

County Question #3:

<input type="radio"/> 01	<input type="radio"/> 02	<input type="radio"/> 03	<input type="radio"/> 04	<input type="radio"/> 05	<input type="radio"/> 06	<input type="radio"/> 07	<input type="radio"/> 08	<input type="radio"/> 09	<input type="radio"/> 10
<input type="radio"/> 11	<input type="radio"/> 12	<input type="radio"/> 13	<input type="radio"/> 14	<input type="radio"/> 15	<input type="radio"/> 16	<input type="radio"/> 17	<input type="radio"/> 18	<input type="radio"/> 19	<input type="radio"/> 20

Done Internet

Option 1: Reset Clears all Data

MHSIP_QOL_Adult_O7O3 (HTML) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address <https://poqi1.dmh.ca.gov/pods/formmenu/09450/09450.asp> Go

Reason:

- ☐ Ref
- ☐ Imp
- ☐ Lan
- ☐ Oth

County Question #2:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19

County Question #3:

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19

Created with HTML+Forms
Copyright © 1997 - 2002 [Cardiff Software, Inc.](#)

Internet

Option 1: Submit

MHSIP_QOL_Adult_O703 (HTML) - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address <https://poqi1.dmh.ca.gov/pods/formmenu/09450/09450.asp> Go

Reason:

- ☐ Ref
- ☐ Imp
- ☐ Lan
- ☐ Oth

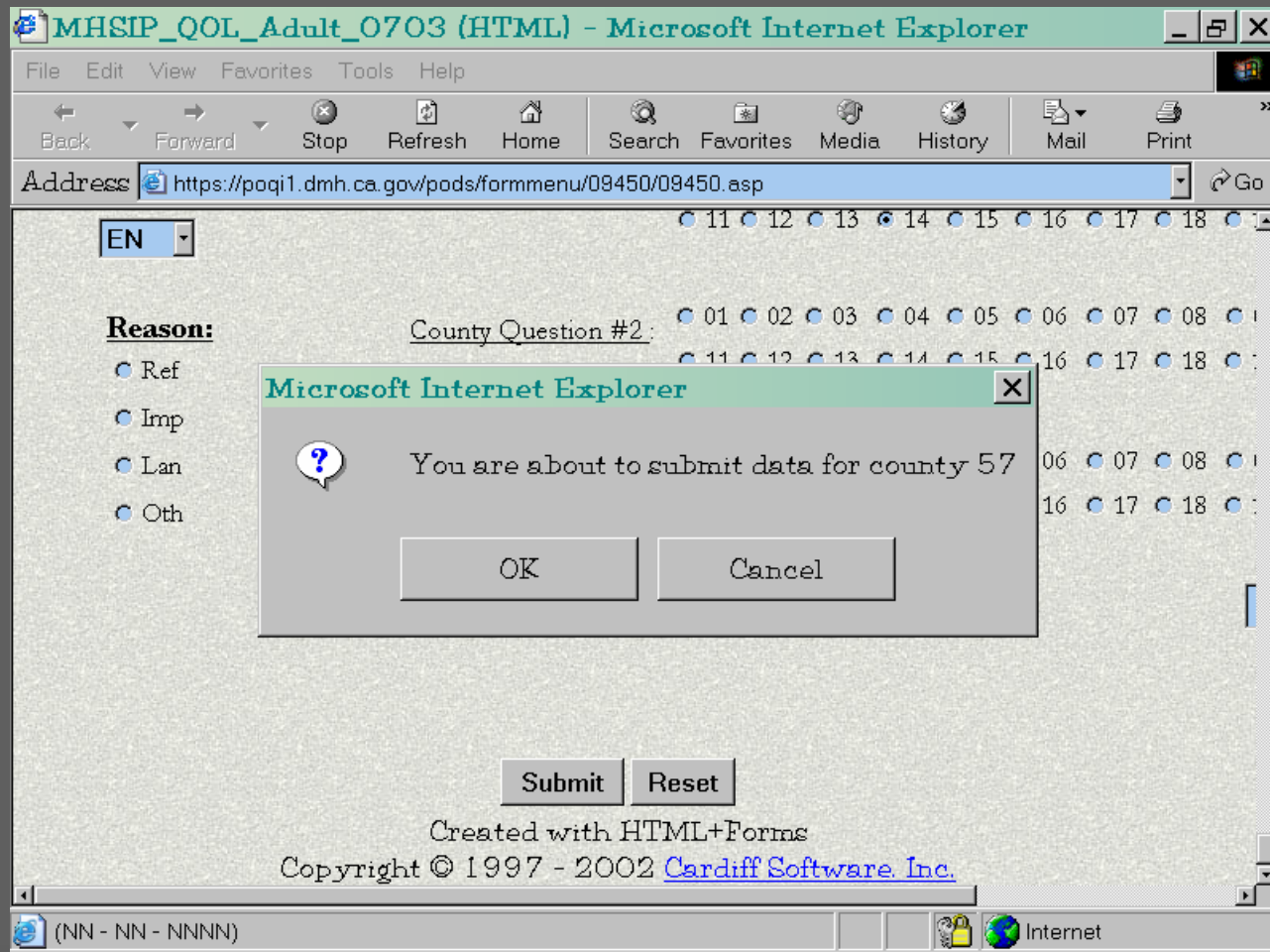
County Question #2: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19

County Question #3: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19

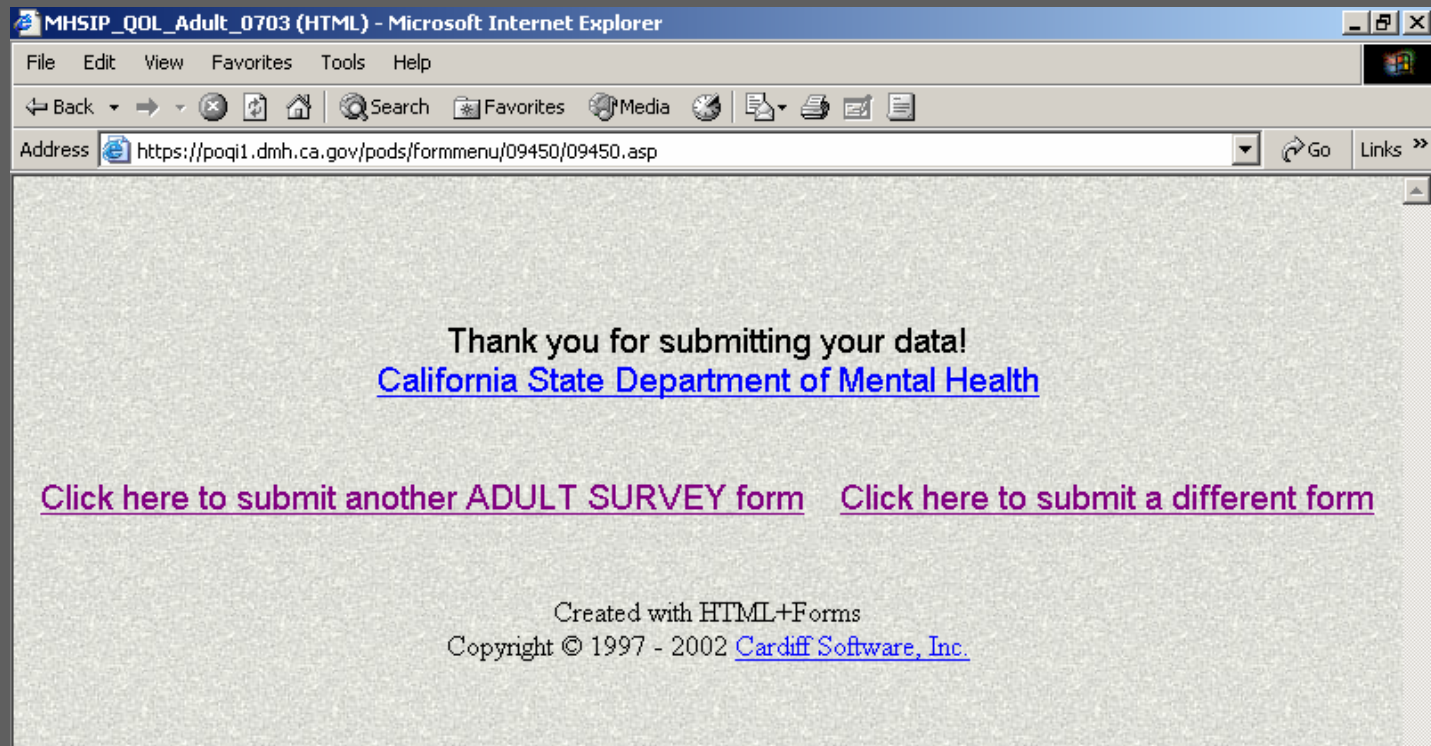
Created with HTML+Forms
Copyright © 1997 - 2002 [Cardiff Software, Inc.](#)

Internet

Option 1: Submit



Option 1: Success!!

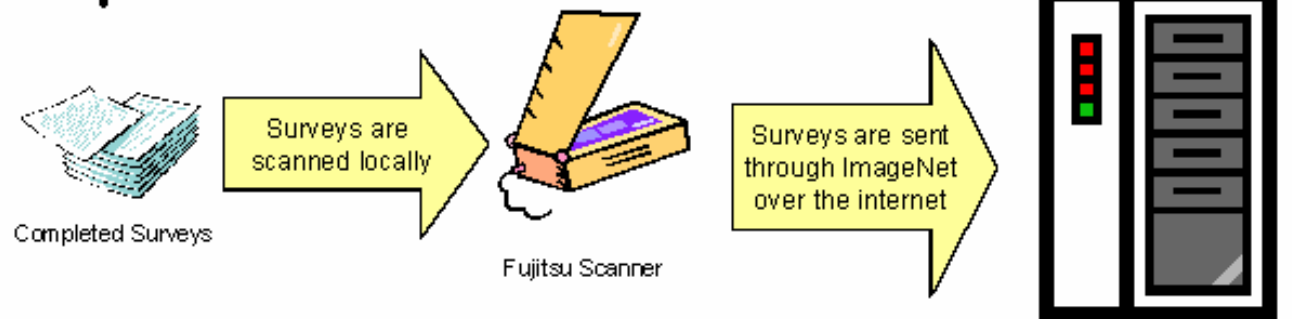


Option 2: Scan & Verify

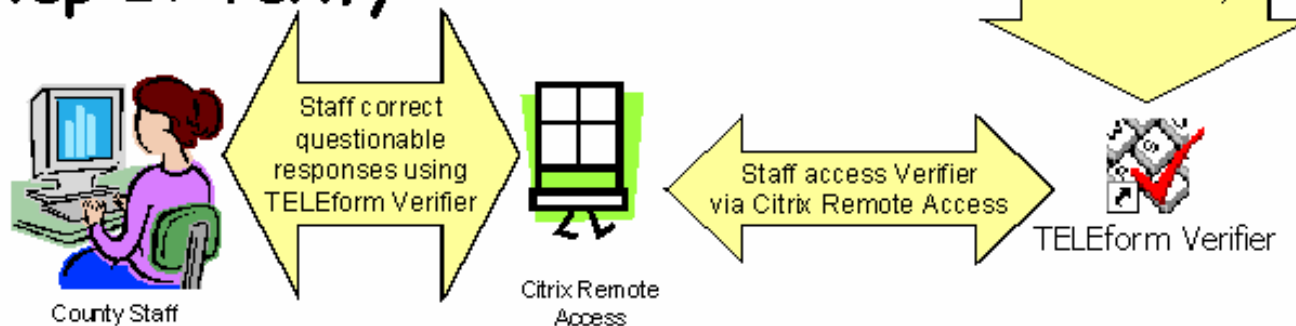
- ⇒ Very Cool
- ⇒ Counties need special equipment
 - Fujitsu Scanner
 - ImageNet Scan v. 4.5 (Software)
 - Citrix ICA Web Client

Option 2: Overview

Step 1: Scan



Step 2: Verify



Option 2: Form Preparation

- ⇒ Cut staples off , not corner 'Posts'
- ⇒ No dog-ears
- ⇒ CCN = page linking number = same on each page (Make sure!!)
- ⇒ Keep pages of one form together in one batch

Option 2: More Preparation

- ⇒ No more than 50 pages in feeder at one time
- ⇒ If processor <Pentium IV, scan smaller batches
- ⇒ Put batch of surveys face down, top of page entering first (Fan them)



Option 2: Log In With Icon



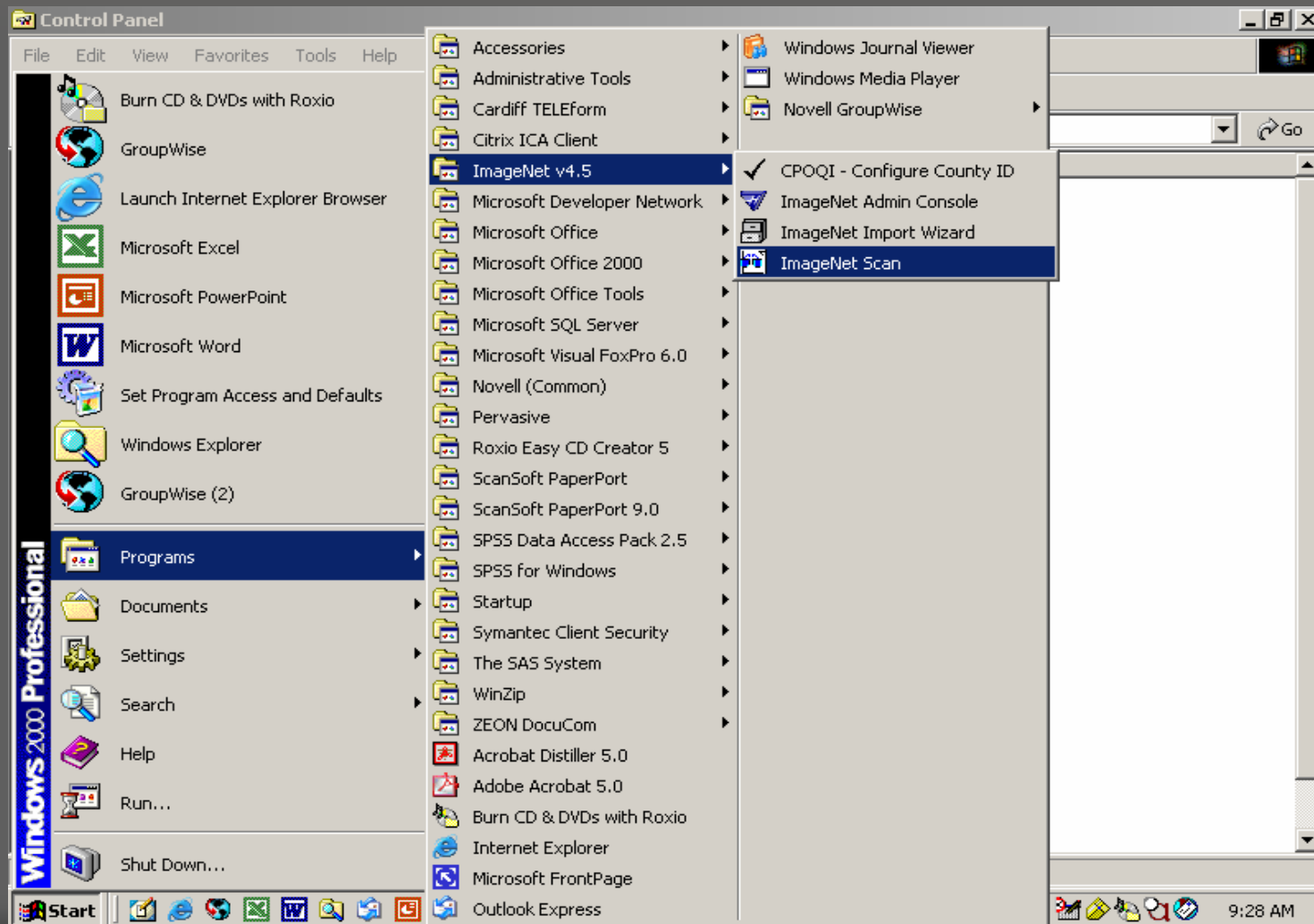
ImageNet
Scan



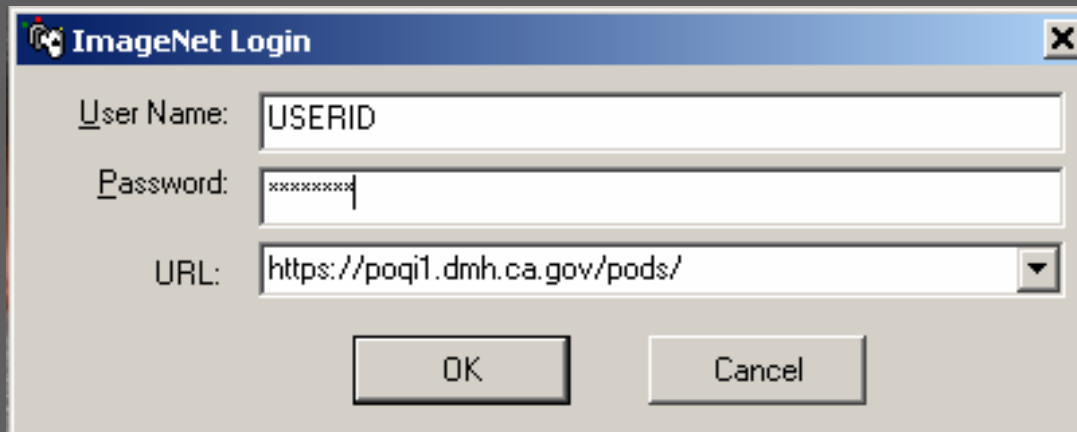
POQI
web-based
data reporting
system



Option 2: Log In, No Icon



Option 2: Log In Box



A screenshot of a Windows-style dialog box titled "ImageNet Login". The dialog box has a blue header bar with a small icon on the left and a close button (X) on the right. Below the header, there are three input fields. The first is labeled "User Name:" and contains the text "USERID". The second is labeled "Password:" and contains a series of asterisks "xxxxxxx". The third is labeled "URL:" and contains the text "https://poqi1.dmh.ca.gov/pods/". At the bottom of the dialog box, there are two buttons: "OK" and "Cancel".

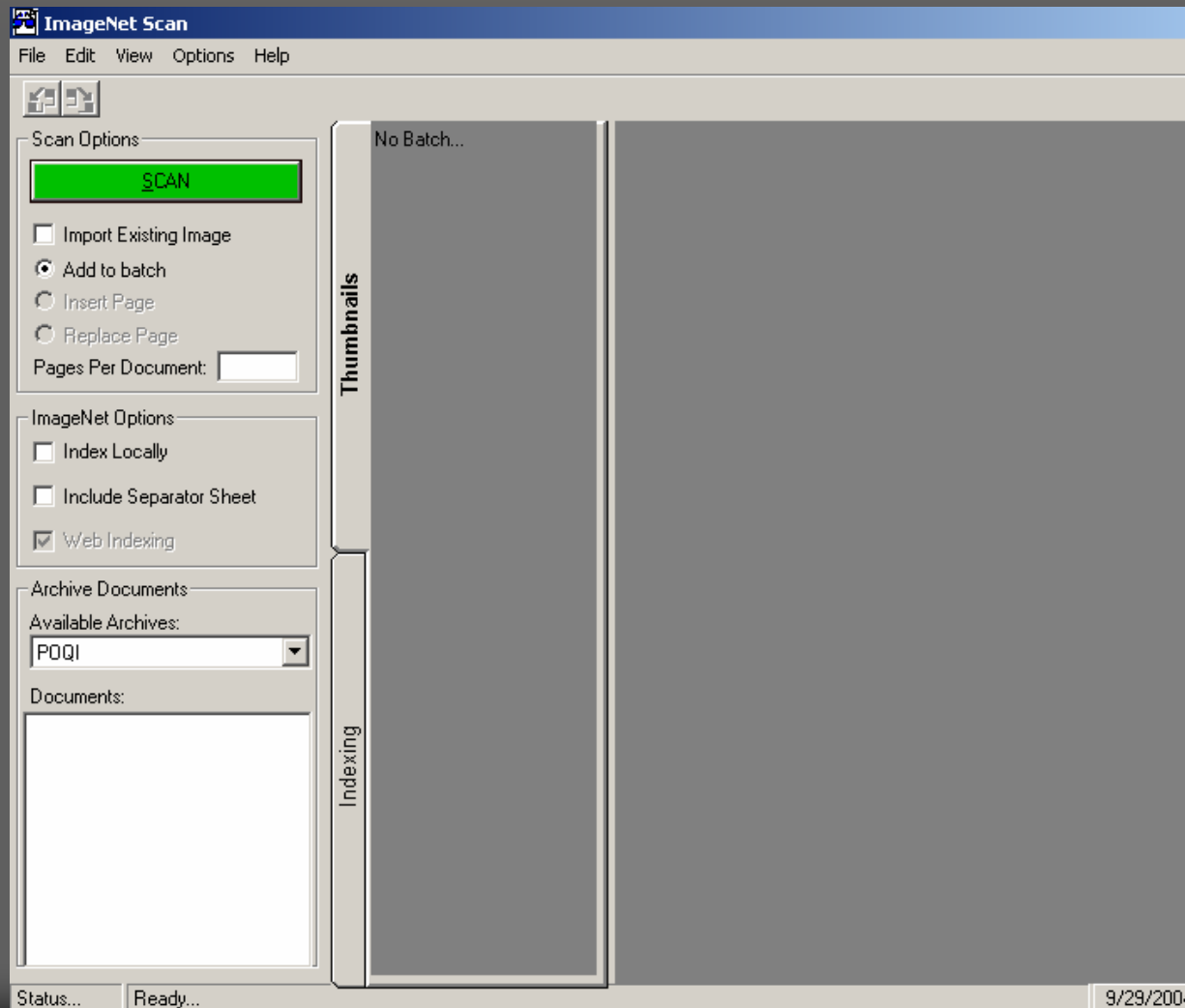
ImageNet Login

User Name:

Password:

URL:

Option 2: ImageNet Scan



[illegible]

Option 2: Prepare Scanner Box

Prepare Scanner

Fujitsu M309xDC

Next Page

☒ Front of sheet 3

☐ Back of sheet 2

Page Count

☒ All sheets in stack

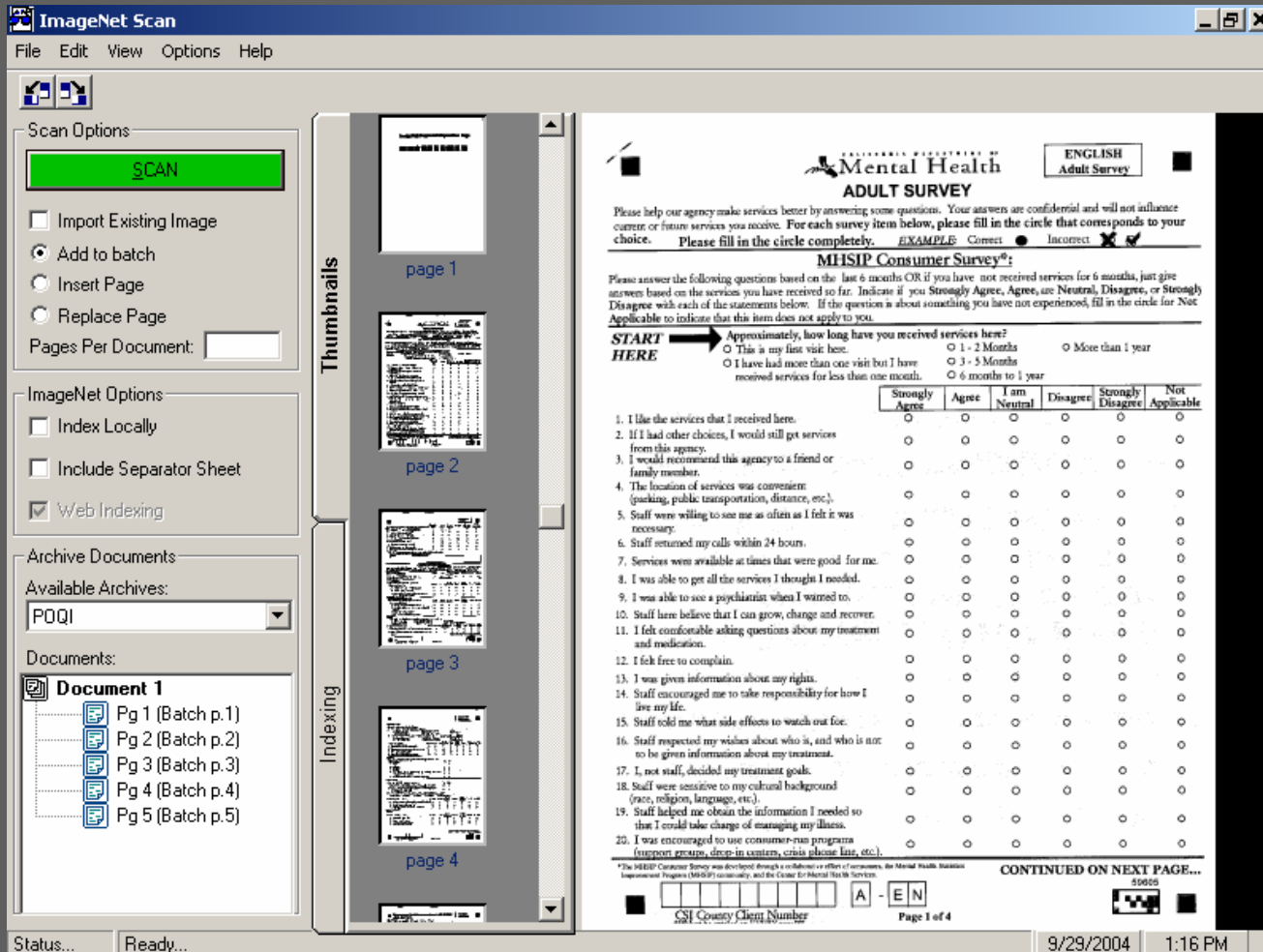
☐ Number of pages:

☐ Use Flatbed

Continue Scanning

Stop Scanning

Option 2: Thumbnails



Option 2: Reviewing Images

ImageNet Scan - PQQI

File Edit View Options Help

Scan Options

SCAN

☐ Import Existing Image

☒ Add to batch

☐ Insert Page

☐ Replace Page

Pages Per Document:

ImageNet Options

☐ Index Locally

☐ Include Separator Sheet

☒ Web Indexing

Archive Documents

Available Archives:

PQQI

Documents:

Document 1

- Pg 1 (Batch p.1)
- Pg 2 (Batch p.2)
- Pg 3 (Batch p.3)
- Pg 4 (Batch p.4)
- Pg 5 (Batch p.5)

Thumbnails

page 1

page 2

page 3

page 4

Indexing

ENGLISH Adult Survey

As a direct result of the services I received:

21. I deal more effectively with daily problems.

22. I am better able to control my life.

23. I am better able to deal with crisis.

24. I am getting along better with my family.

25. I do better in social situations.

26. I do better in school and /or work.

27. My housing situation has improved.

28. My symptoms are not bothering me as much.

29. Please provide comments here and /or on the back of this form, if needed.

We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction

1. How do you feel about your life in general?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

Living Situation

2. Think about your current living situation. How do you feel about:

A. The living arrangements where you live?

B. The privacy you have there?

C. The prospect of staying on where you currently live for a long period of time?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

Daily Activities & Functioning

3. Think about how you spend your spare time. How do you feel about:

A. The way you spend your spare time?

B. The chance you have to enjoy pleasant or beautiful things?

C. The amount of fun you have?

D. The amount of relaxation in your life?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

Family

4. In general, how often do you get together with a member of your family?

○ at least once a day

○ at least once a month

○ less than once a month

○ not at all

○ no family / not applicable

How do you feel about:

A. The way you and your family act toward each other?

B. The way things are in general between you and your family?

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted Not Applicable

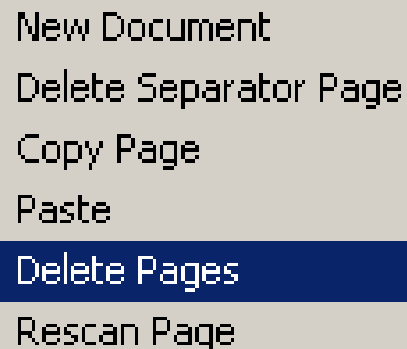
County Claim Number

00000020

Page 2 of 4

10/1/2004 9:14 AM

Option 2: Deleting Images



A screenshot of a software menu. The menu is light gray with a dark blue highlight under the 'Delete Pages' option. The options listed are: New Document, Delete Separator Page, Copy Page, Paste, Delete Pages, and Rescan Page.

- New Document
- Delete Separator Page
- Copy Page
- Paste
- Delete Pages**
- Rescan Page

Delete Page(s)?

Are you sure you want to delete selected page(s)?

Yes

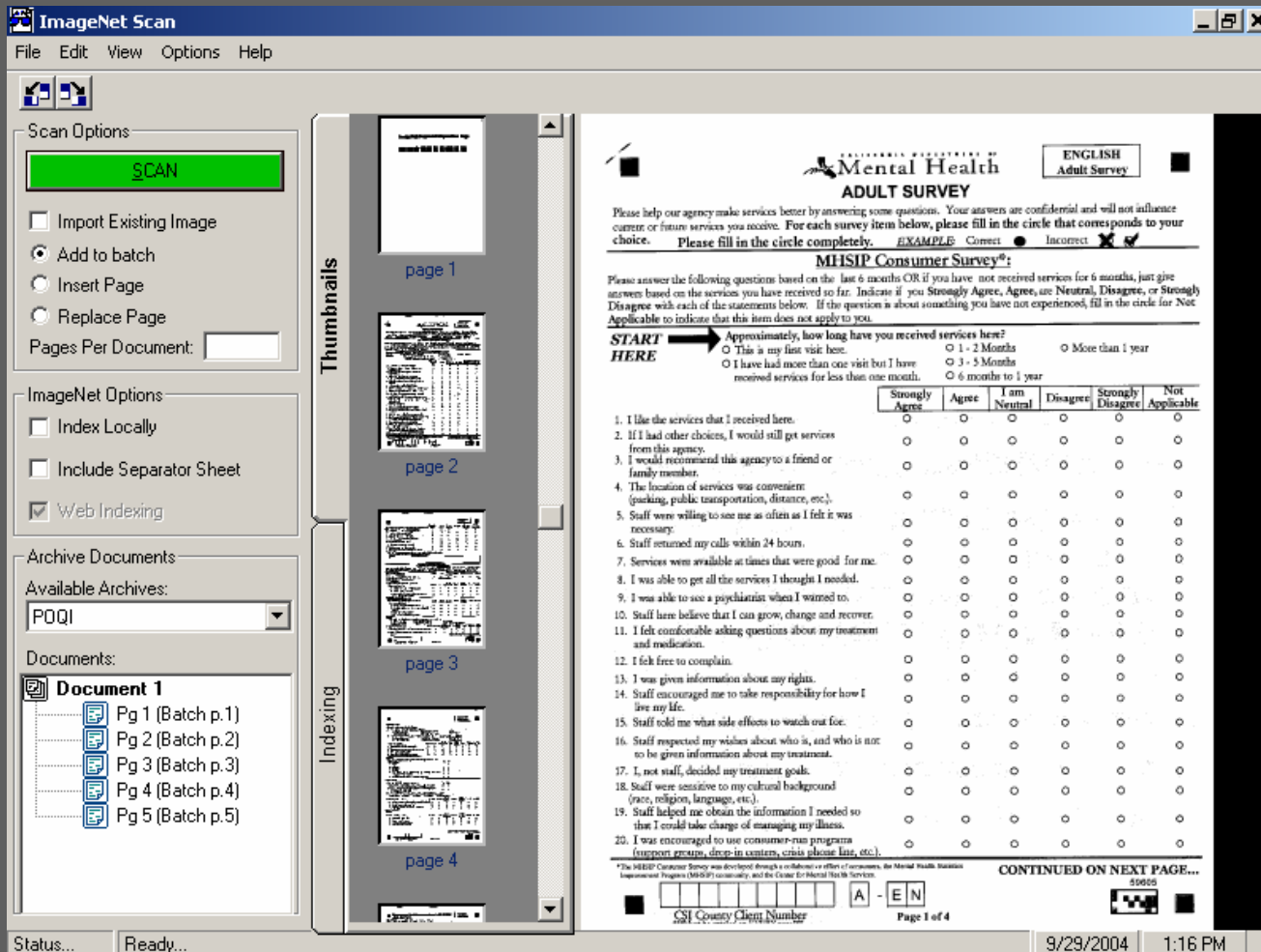
No

Option 2: Rescan Bad Forms

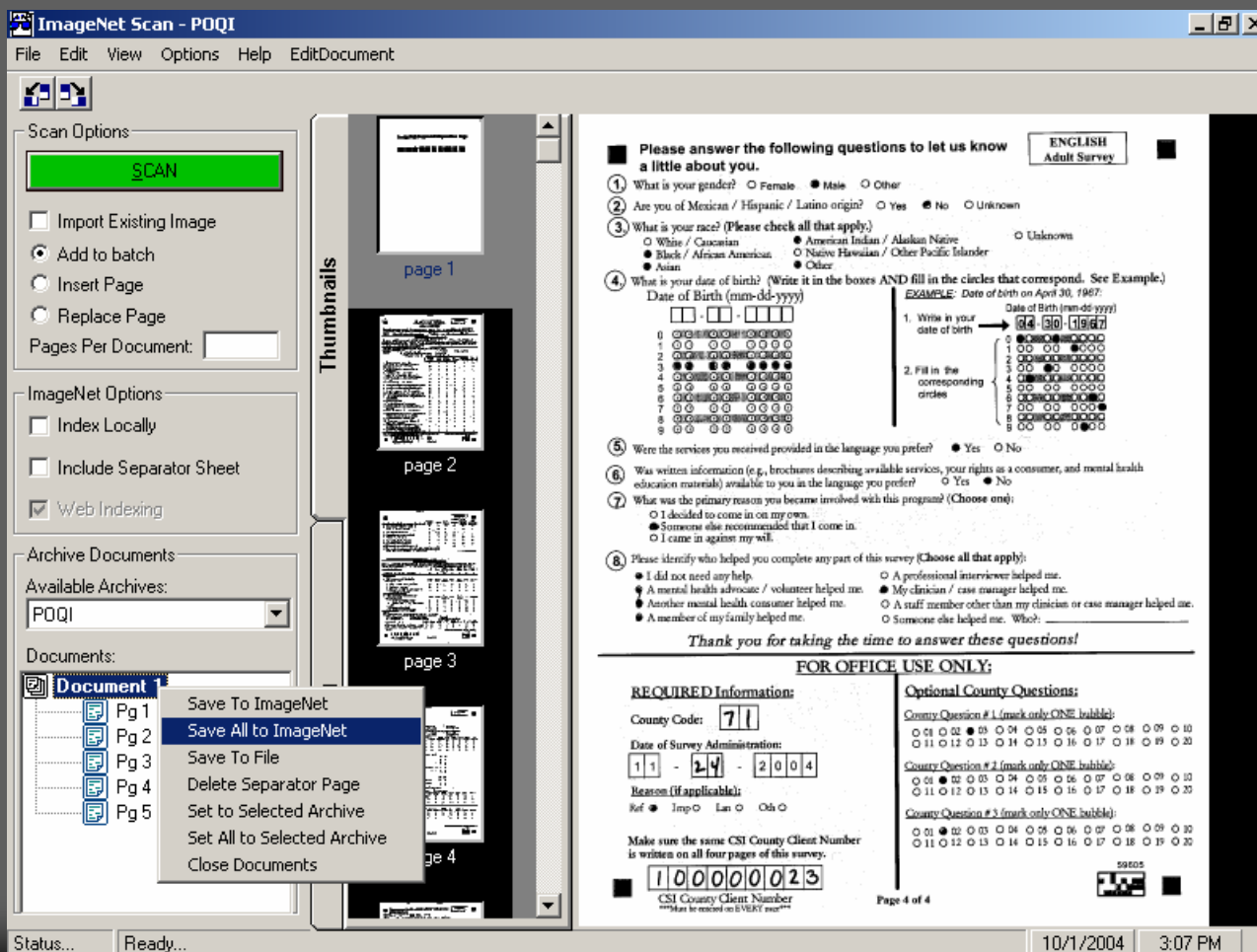
- ⇒ After delete image, rescan original page



Option 2: Exporting Data



Option 2: Saving



Option 2: Saving Export



Option 2: To End Scanning

- ⇒ After export, can scan more batches
- ⇒ Or not
- ⇒ To end scanning, go to 'File>Exit'

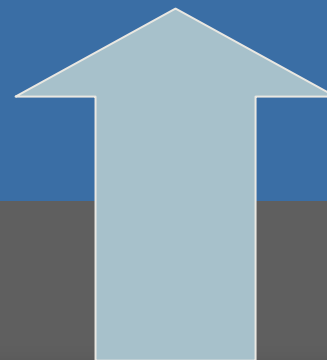
Option 2: Logging in to Teleform Verifier



ImageNet
Scan



POQI
web-based
data reporting
system



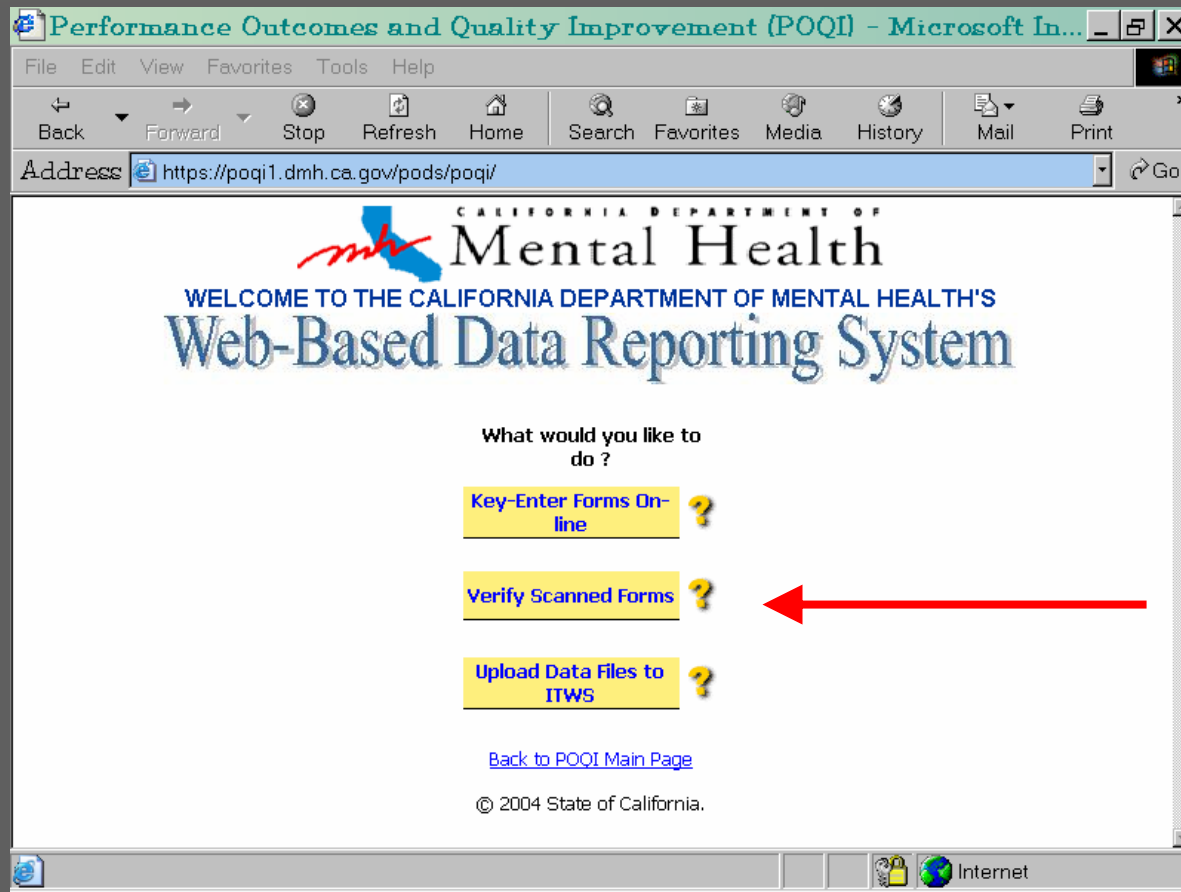
Option 2: Log-in, No Icon

- ⇒ Open your internet browser and type:

<https://poqi1.dmh.ca.gov/pods/poqi/>



Option 2: DMH Page



Option 2: Remote Access Log in

MetaFrame XP Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print View Source

Address https://ra.dmh.ca.gov:2443/citrix/metaframeXP/default/login.asp?NFuse_LogoutId=On&NFuse_MessageType=Info&NFuse_Me... Go Links »

Department of Mental Health Remote Access

Login

• Username

• Password

Log In

Important Notice

Maintenance Schedule:
Performed every morning from 1:00 to 2:00 AM. All Remote Access users will be logged off during this time.

FOR TECHNICAL ASSISTANCE, PLEASE CONTACT THE DMH IT HELP DESK AT:
Phone: (016) 654-2445

Getting Started

If you have never logged into DMH Remote Access from this workstation, please click on the link below to install the required client software.

[Remote Access Client Software](#)

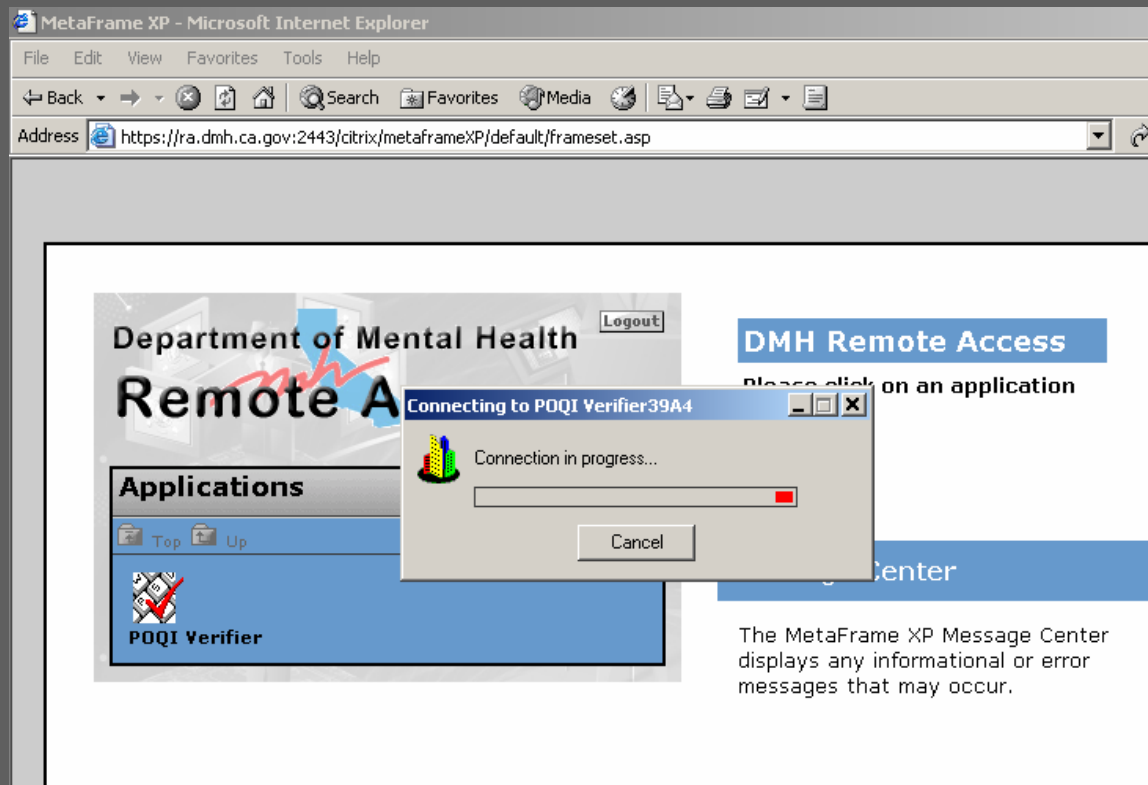
To log in to the DMH Remote Desktop or an application portal, enter your Username and Password. Click on "Log In". You will be given access to the software and/or applications you have been authorized to use.

Message Center

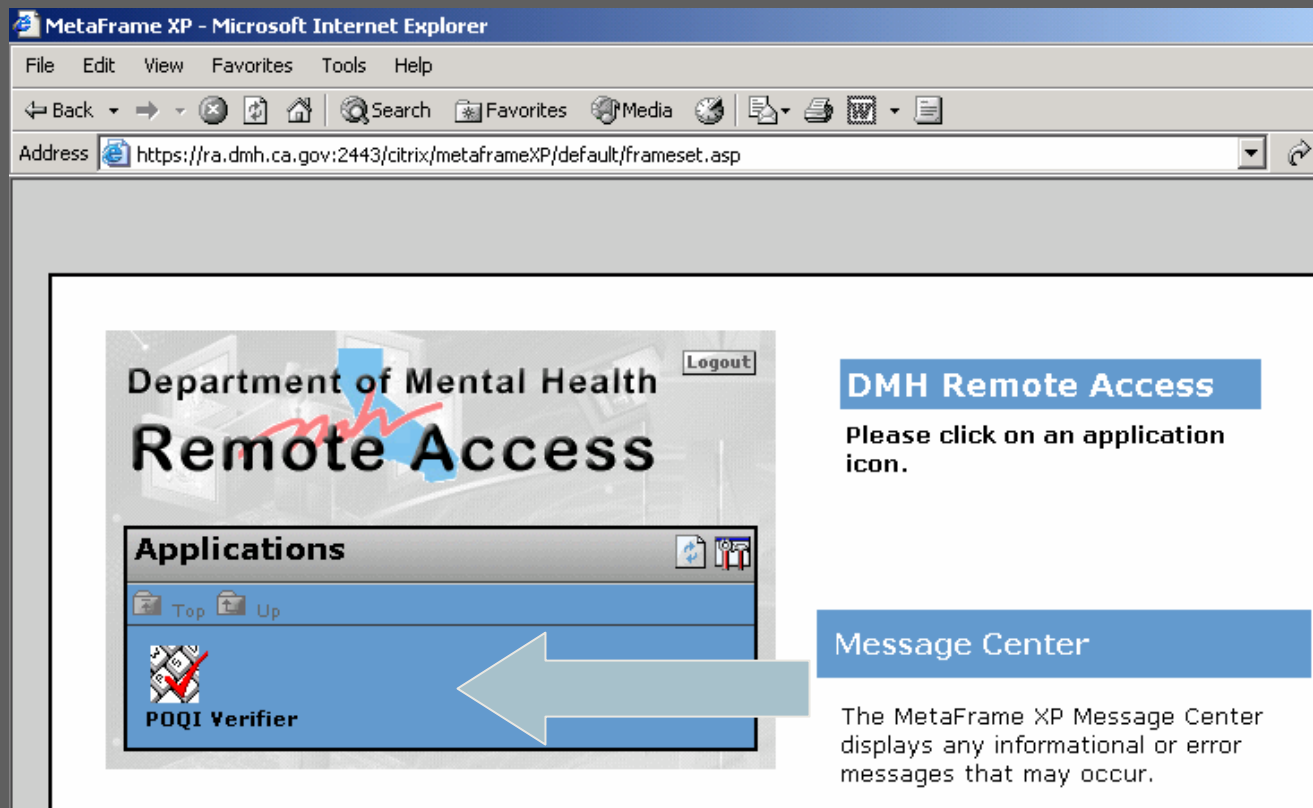
The MetaFrame XP Message Center displays any informational or error messages that may occur.

<https://ra.dmh.ca.gov:2443/Citrix/ICAWEB/en/ica32/ica32t.exe> Internet

Option 2: Connecting ...



Option 2: POQI Verifier



The screenshot shows a Microsoft Internet Explorer window titled "MetaFrame XP - Microsoft Internet Explorer". The address bar displays the URL: <https://ra.dmh.ca.gov:2443/citrix/metaframeXP/default/frameset.asp>. The main content area displays the "Department of Mental Health Remote Access" page. A "Logout" button is in the top right corner. Below the header is an "Applications" section with a "Top" and "Up" button. The "POQI Verifier" application icon, which features a red checkmark, is highlighted with a blue arrow. To the right of the application list, there are two blue callout boxes: "DMH Remote Access" with the text "Please click on an application icon." and "Message Center" with the text "The MetaFrame XP Message Center displays any informational or error messages that may occur."

MetaFrame XP - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address <https://ra.dmh.ca.gov:2443/citrix/metaframeXP/default/frameset.asp>

Department of Mental Health Remote Access

Logout

Applications

Top Up

POQI Verifier

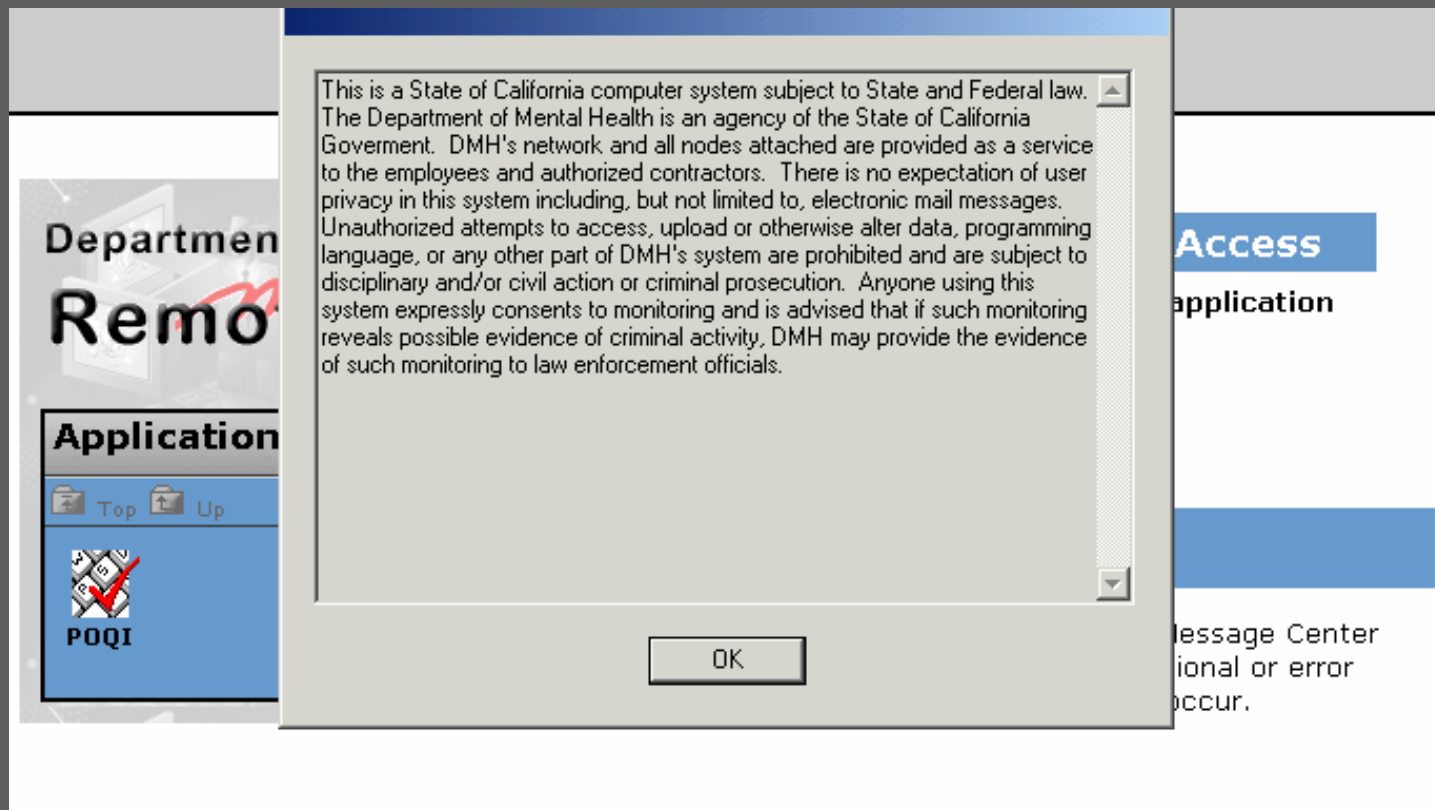
DMH Remote Access

Please click on an application icon.

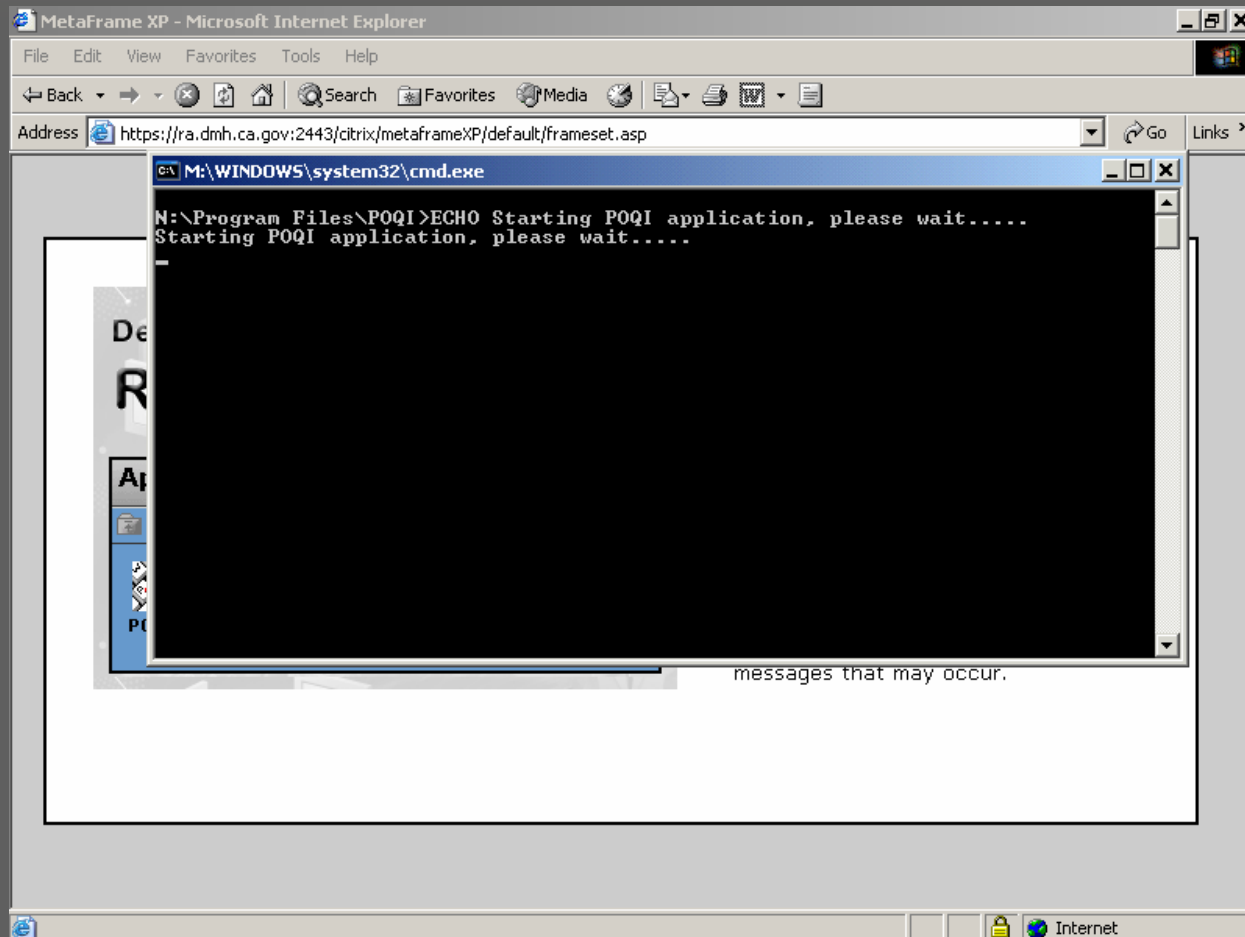
Message Center

The MetaFrame XP Message Center displays any informational or error messages that may occur.

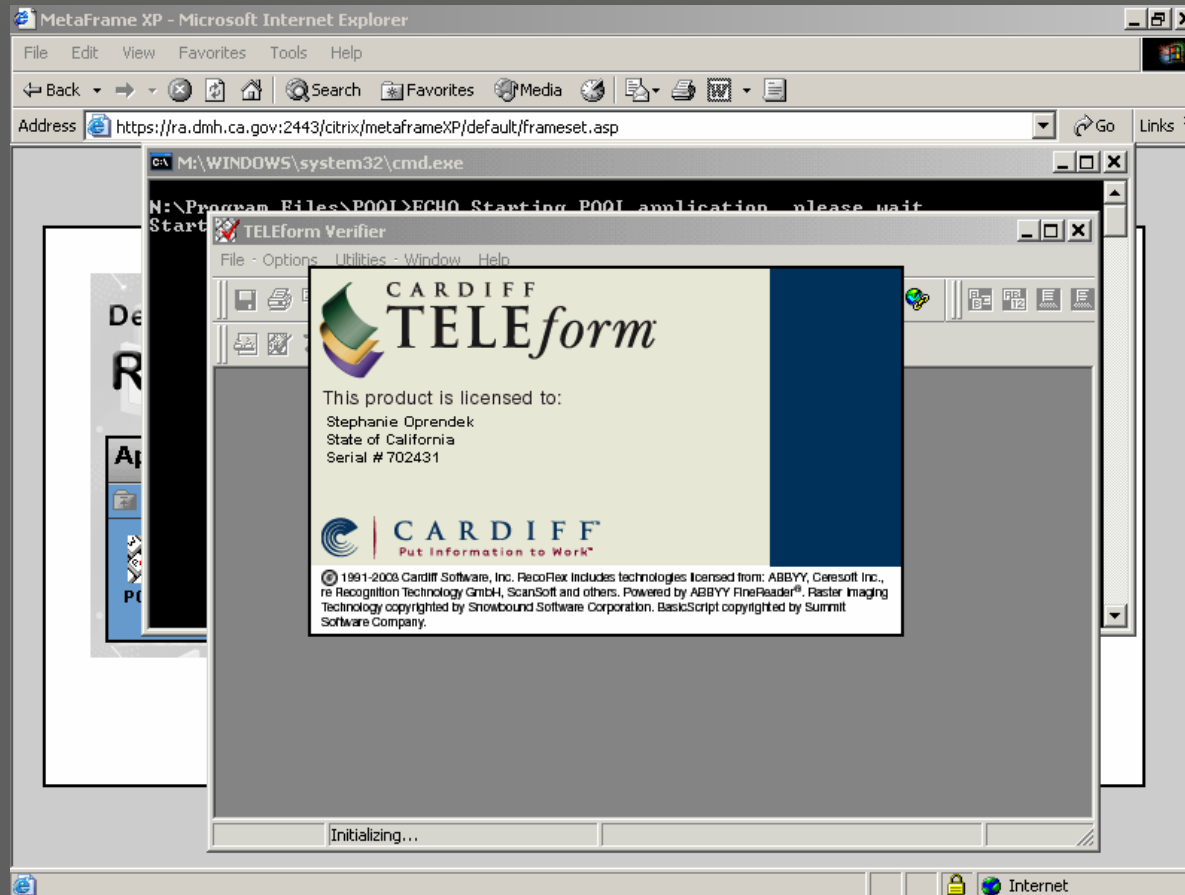
Option 2: Security Warning



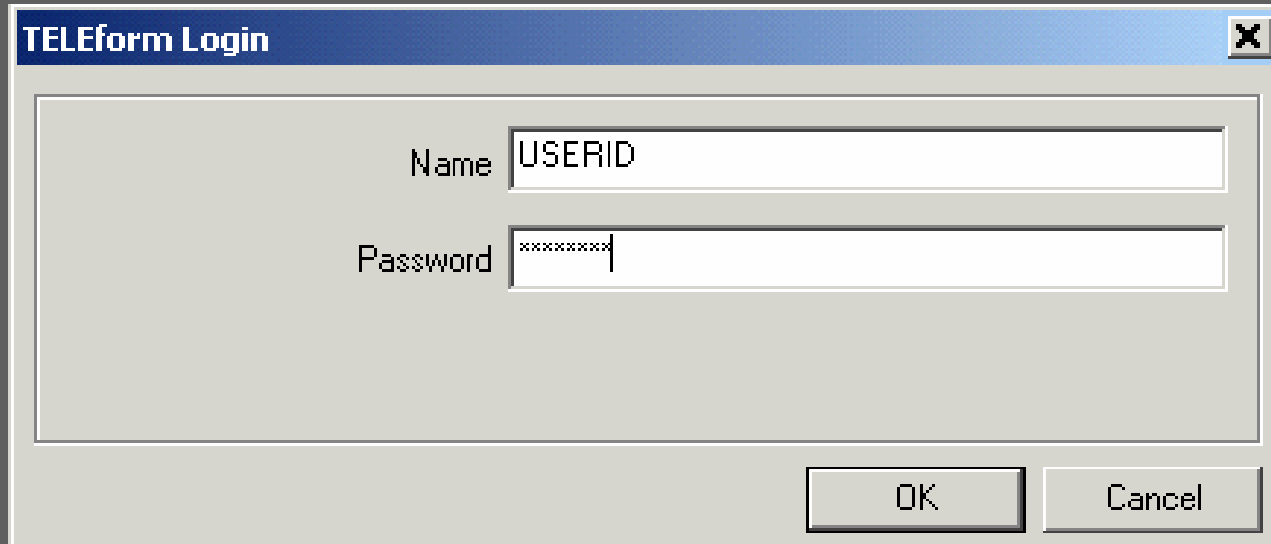
Option 2: DOS Screen



Option 2: Still connecting ...



Option 2: Log in to Verifier



A screenshot of a Windows-style dialog box titled "TELEform Login". The dialog has a blue title bar with a close button (X) in the top right corner. The main area is light gray and contains two text input fields. The first field is labeled "Name" and contains the text "USERID". The second field is labeled "Password" and contains seven "x" characters. At the bottom right of the dialog, there are two buttons: "OK" and "Cancel".

TELEform Login

Name USERID

Password xxxxxxxx

OK Cancel

Option 2: Two Methods to Verify

⇒ Batch Management

⇒ Image Management



Option 2: Getting to Batch Management

TELEform Verifier - [Batch Management Dialog]

File - Options Utilities Window Help

Image Management Dialog
 Batch Management Dialog
 Form Selection Dialog
 Auto Batch Assign Dialog
 NonForm Data Entry...
 Debug Script

Batch

Non-Batch Im...
 Research
 00006681
 00006683
 00006695
 00006696
 00006697
 00006698
 00006699
 00006700

Need ...	Eval ...	Nonfo...	Priority	Status	Track...	Owner	Job
0	0	0	100	Ready for correction			
0	0	0	100	Ready for correction			
1	10	0	100	Missing Page(s)	RTAB...	01	01
40	0	0	100	Ready for correction	RTAB...	01	01
2	0	0	100	Missing Page(s)	RTAB...	01	01
16	0	0	100	Ready for correction	RTAB...	01	01
0	1	0	100	Batch is complete	RTAB...	14	14
0	1	0	100	Batch is complete	RTAB...	48	48
2	0	2	100	Ready for correction	RTAB...	01	01
4	0	0	100	Ready for correction	RTAB...	01	01

Process
 Auto-Assign
 Batch Options
 Refresh
 Options
 Help

Option 2: Batch Management Screen

TELEform Verifier - [Batch Management Dialog]


File Options Utilities Window Help

92%

Batch	Scan	Eval	Need Review	Eval OK	Nonform	Priority	Status	Tracking ID	Owner	Job
Non-Batch Images			0	14	0	100	Ready for correction			
Research			0	0	0	100	Ready for correction			
00006558	4	4	1	0	0	100	Ready for correction	RTABC00000344	CitrixTest	CitrixTest
00006559	4	4	1	0	0	100	Ready for correction	RTABC00000345	CitrixTest	CitrixTest
00006560	4	4	1	0	0	100	Ready for correction	RTABC00000346	CitrixTest	CitrixTest
00006565	2	2	2	0	0	100	Ready for correction	RTABC00000349	CitrixTest	CitrixTest

Process
Auto-Assign
Batch Options
Refresh
Options
Help

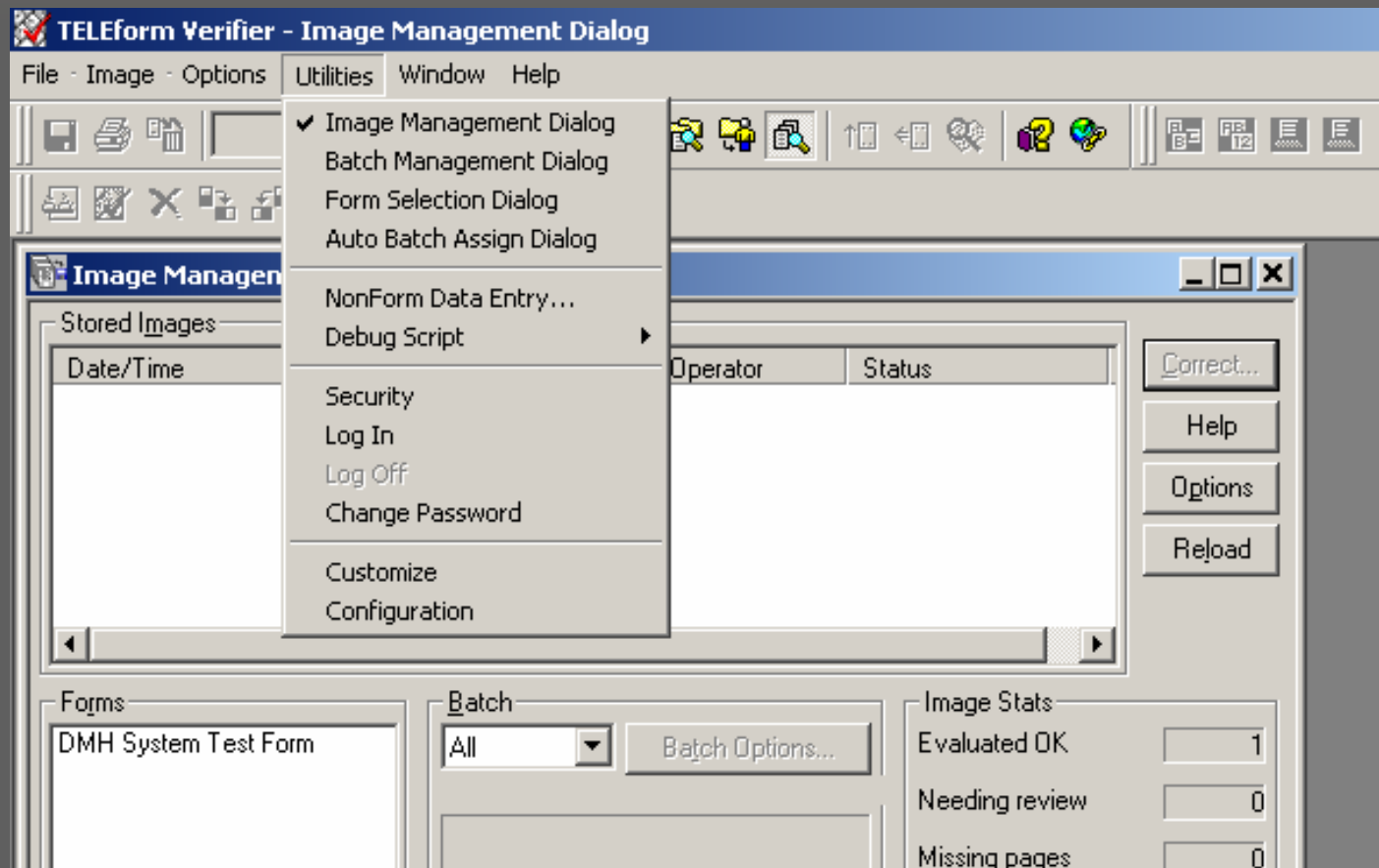
Ready County



Option 2: Status of Batches

- ⇒ Ready for Correction
- ⇒ Missing pages
- ⇒ Ready to be Committed
- ⇒ Batch is Completed (Yea!)

Option 2: Getting to Image Management



Option 2: Image Management Screen

TELEform Verifier - [Image Management Dialog]

File - Image - Options Utilities - Window Help

Fit Horizontally

Stored Images

Date/Time	From	Operator	Status
10/01/2004 12:39:43 PM	00006700 - 2		Missing Page(s)
10/01/2004 12:39:44 PM	00006700 - 3		Missing Page(s)
10/01/2004 12:39:45 PM	00006700 - 4		Missing Page(s)
09/28/2004 11:10:48 AM	00006681 - 2		Evaluated OK
09/28/2004 11:10:50 AM	00006681 - 5		Evaluated OK
09/28/2004 11:10:55 AM	00006681 - 9		Evaluated OK
09/28/2004 11:10:59 AM	00006681 - 13		Evaluated OK
09/28/2004 11:11:02 AM	00006681 - 17		Evaluated OK
09/28/2004 11:11:06 AM	00006681 - 21		Evaluated OK
09/28/2004 11:11:12 AM	00006681 - 27		Evaluated OK
09/28/2004 11:11:16 AM	00006681 - 32		Evaluated OK
09/28/2004 11:11:16 AM	00006681 - 33		Evaluated OK
09/28/2004 11:11:23 AM	00006681 - 40		Evaluated OK
09/28/2004 11:13:38 AM	00006682 - 3		Export complete
09/28/2004 11:13:40 AM	00006682 - 5		Export complete

Correct...
Help
Options
Reload

Forms

DMH System Test Form
MHSIP QDL Adult EN 0804
NONFORM

Batch

All Batch Options...

Image Stats

Evaluated OK	47
Needing review	0
Missing pages	65
NonForm	2
Selected	3
Total	114

Ready admin

Option 2: Status of Surveys

- ⇒ Needs Review
- ⇒ Missing Page
- ⇒ Evaluated OK (but not ok!!)
- ⇒ Export Complete (Yea!)

Option 2: Reviewing & correcting in Image Management

⇒ 2 Ways to review & correct

1. Multiple Surveys

2. Individual Survey



Option 2: Image Management

Multiple Review

TELEform Verifier - [Image Management Dialog]

File - Image - Options - Utilities - Window - Help

Fit Horizontally

Stored Images

Date/Time	From	Operator	Status
09/28/2004 11:11:03 AM	00006681 - 18		Missing Page(s)
09/28/2004 11:16:24 AM	00006683 - 1		Missing Page(s)
09/28/2004 11:16:25 AM	00006683 - 2		Missing Page(s)
09/28/2004 11:16:26 AM	00006683 - 3		Missing Page(s)
09/28/2004 11:16:27 AM	00006683 - 4		Missing Page(s)
09/28/2004 11:16:28 AM	00006683 - 5		Missing Page(s)
09/28/2004 11:16:29 AM	00006683 - 6		Missing Page(s)
09/28/2004 11:16:30 AM	00006683 - 7		Missing Page(s)
09/28/2004 11:16:31 AM	00006683 - 8		Missing Page(s)
09/28/2004 11:16:32 AM	00006683 - 9		Missing Page(s)
09/28/2004 11:16:33 AM	00006683 - 10		Missing Page(s)
09/28/2004 11:16:34 AM	00006683 - 11		Missing Page(s)
09/28/2004 11:16:34 AM	00006683 - 12		Missing Page(s)
09/28/2004 11:16:35 AM	00006683 - 13		Missing Page(s)
09/28/2004 11:16:36 AM	00006683 - 14		Missing Page(s)

Correct...
Help
Options
Reload

Forms

DMH System Test Form
MHSIP_QOL_Adult_EN_0804
NONFORM

Batch

All Batch Options...

Image Stats

Evaluated OK	47
Needing review	0
Missing pages	65
NonForm	2
Selected	85
Total	114

Ready admin

Option 2: Image Management

Individual Review

The screenshot shows the 'Image Management Dialog' window. It features a table of 'Stored Images' with columns for Date/Time, From, Operator, and Status. A single row is visible, dated 07/20/2004, with status 'Needs Review'. To the right of the table are buttons for 'Correct...', 'Help', 'Options', and 'Reload'. A green arrow points to the first row of the table, and a blue arrow points to the 'Correct...' button. Below the table are three sections: 'Forms' with a list of document names, 'Batch' with a dropdown menu set to 'All' and a 'Batch Options...' button, and 'Image Stats' with a list of statistics and their counts.

Date/Time	From	Operator	Status
07/20/2004 01:2...	00006555 - 1		Needs Review

Forms

- CSOC/IEBP_070604
- MHSIP_QOL_Adult_0703
- MHSIP_QOL_Adult_0703 (HTM
- YSS_YOUTH_ENG_0703 (HTM

Batch

All

Image Stats

Evaluated OK	34
Needing review	1
Missing pages	0
NonForm	0
Selected	1
Total	37

Option 2: Correcting Forms in Teleform Verifier

- ⇒ Teleform only presents fields that need review
- ⇒ Teleform will make a 'best guess' about what is correct response
- ⇒ Up to person doing the verifying to make final determination

Option 2: Correcting Surveys: Form Mode

- ⇒ Streamline Verifying: Form Mode
- ⇒ Use Tab key, Space Bar, Enter key, Arrow keys to navigate thru fields

Option 2: Correcting - Form Mode

TELEform Verifier - [MHSIP_QOL_Adult_EN_0804 (59605) [00006682-5/40]]

File - Correction View - Options Utilities - Window Help

61%

Field	V...
ccn	1...
howlong	6
likesvcs	1
choices	1
recomend	2
location	2
stafwill	2
retcall	2
timegood	2
getall	2
seedoc	2
recover	2
comfquest	3
complain	3
rights	3
takeresp	3
sideffct	3
respect	3
goals	3
culture	4
memanage	4
selfhelp	4

7. Services were available at times that were good for me. ☐ ☐ ☐ ☒ ☐ ☐

8. I was able to get all the services I thought I needed. ☐ ☐ ☐ ☒ ☐ ☐

9. I was able to see a psychiatrist when I wanted to. ☐ ☐ ☐ ☒ ☐ ☐

10. Staff here believe that I can grow, change and recover. ☐ ☐ ☐ ☒ ☐ ☐

11. I felt comfortable asking questions about my treatment and medication. ☐ ☐ ☒ ☐ ☐ ☐

12. I felt free to complain. ☐ ☐ ☒ ☐ ☐ ☐

13. I was given information about my rights. ☐ ☐ ☐ ☒ ☐ ☐

14. Staff encouraged me to take responsibility for how I live my life. ☐ ☐ ☒ ☐ ☐ ☐

15. Staff told me what side effects to watch out for. ☐ ☐ ☒ ☐ ☐ ☐

16. Staff respected my wishes about who is, and who is not to be given information about my treatment. ☐ ☐ ☒ ☐ ☐ ☐

17. I, not staff, decided my treatment goals. ☐ ☐ ☒ ☐ ☐ ☐

18. Staff were sensitive to my cultural background (race, religion, language, etc.). ☐ ☒ ☐ ☐ ☐ ☐

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. ☐ ☒ ☐ ☐ ☐ ☐

20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). ☐ ☒ ☐ ☐ ☐ ☐

*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...

59605

1000000018 A - EN

CSI County Client Number Done 1 of 1

10000000018

10000000018

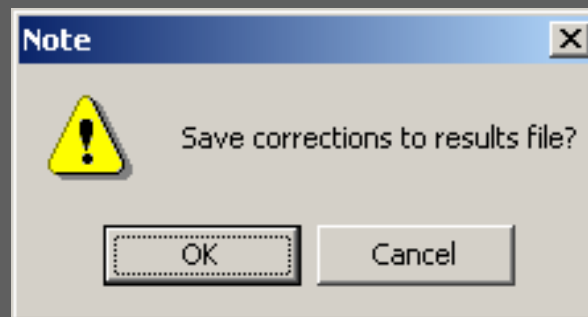
36 Remaining ccn Evaluated OK [Evaluated OK] admin

Option 2: Correcting Entry Fields With Unrecognizable Entries

1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	~	1

Unrecognized character [Unrecognized character] County

Option 2: Saving Corrections



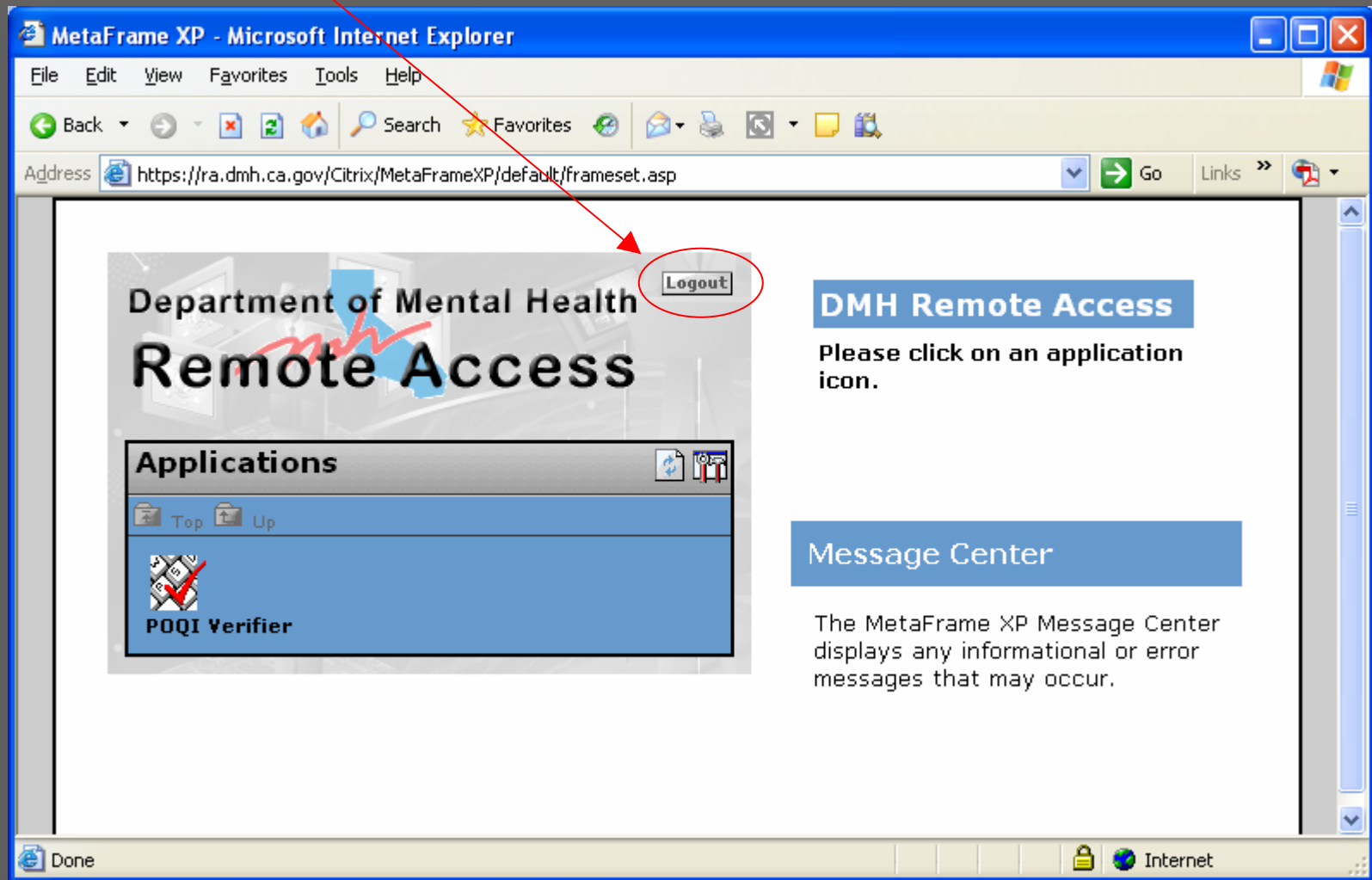
Option 2: After Saving

- ⇒ In Batch Management mode:
Congratulations Message
(Click 'OK' or 'Cancel')
- ⇒ In Image Management Mode:
Another form or
Image Management Window

Option 2: Exiting Teleform

- ⇒ To close the Teleform Verifier
click File>Exit
- ⇒ To exit Teleform Verifier in middle of
correcting, click File>Exit and a prompt
will ask you if you want to save
completed correction, click 'OK'

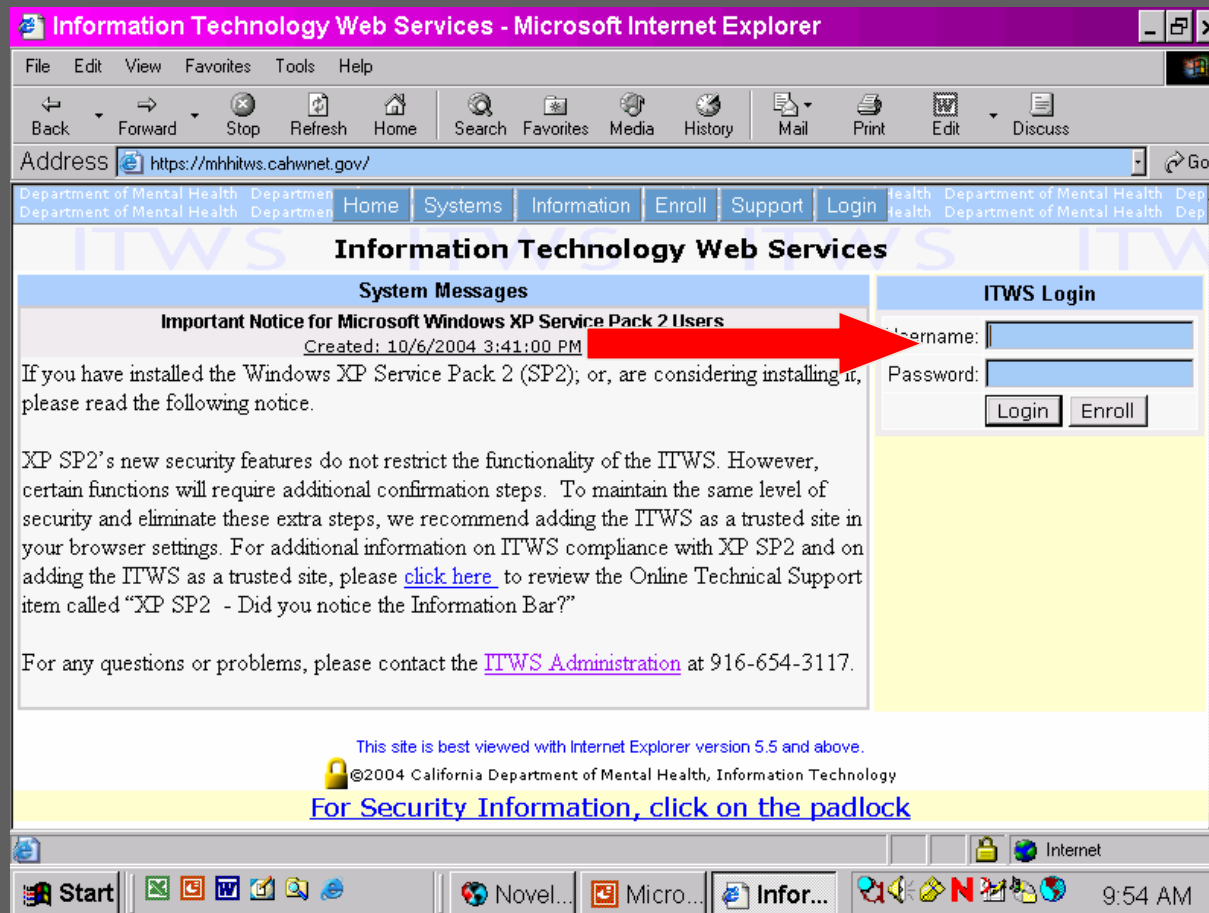
Once the TeleForm application is closed, make sure you press the Logout button to close your Citrix session.



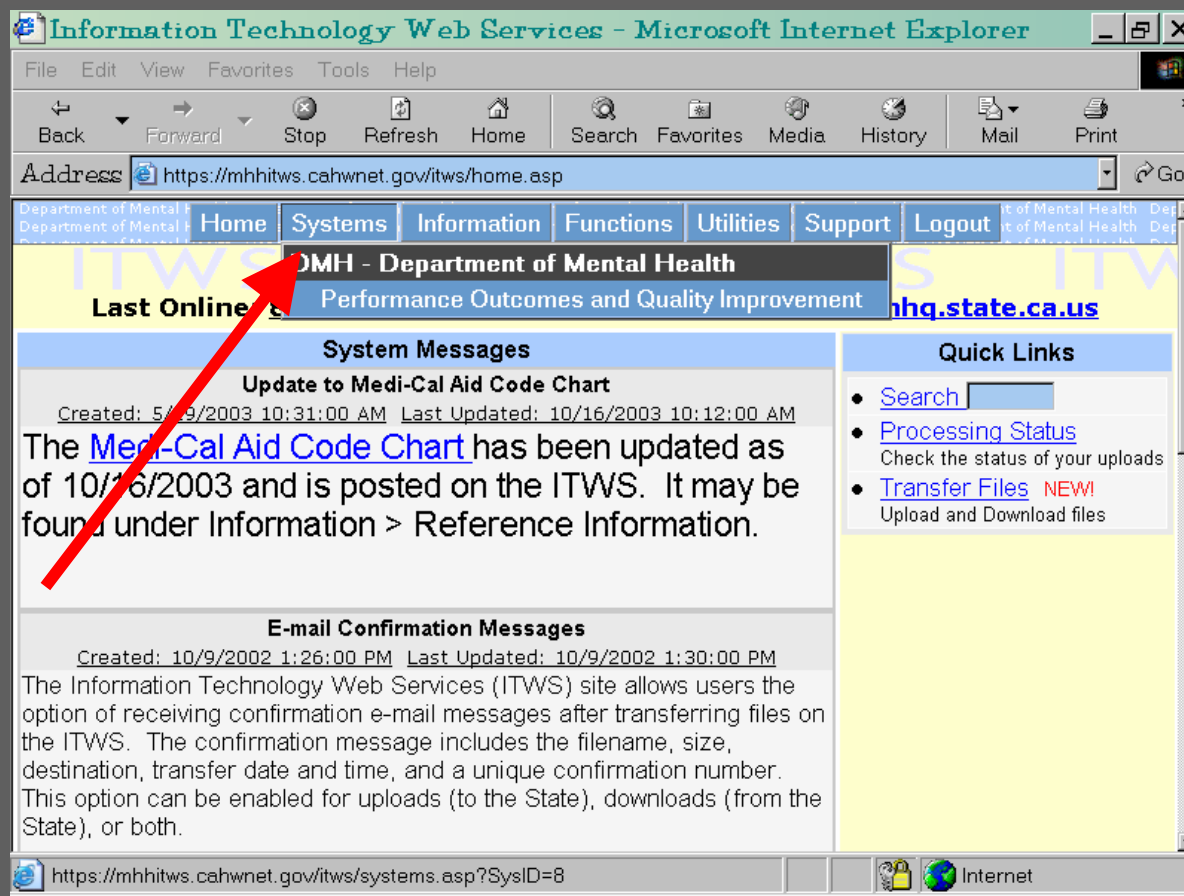
Option 3: ITWS

- ⇒ Web-based text data upload
- ⇒ Authorized user accesses the ITWS site by using web browser to go to <https://mhhitws.cahwnet.gov/>

Option 3: Accessing ITWS



Option 3: Accessing ITWS



Performance Outcomes and Quality Improvement - Microsoft Internet ...

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address https://mhhitws.cahwnet.gov/itws/system_messages.asp?SysID=8

Department of Men Department of Men Department of Men

Home Systems POQI Information Functions Utilities Support Logout Mental Health Mental Health Mental Health

Performance Outcomes and Quality Improvement

Performance Outcome System

Performance Outcome System
Created: 3/24/2003

The State Department of Mental Health is implementing a revised Performance Outcome system. The purpose of this message is to inform counties of the data collection, administration and submission procedures for this implementation. Detailed information regarding the implementation may be found under [PODS-POQI Letters](#). For questions please contact Stephanie Oprendeck, Ph.D., Chief, Performance Outcomes and Quality Improvement, at (916) 653-3517 or soprende@dmhnhq.state.ca.us.

Performance Outcome System Implementation (2003-2004)
Created: 9/23/2003 2:31:00 PM

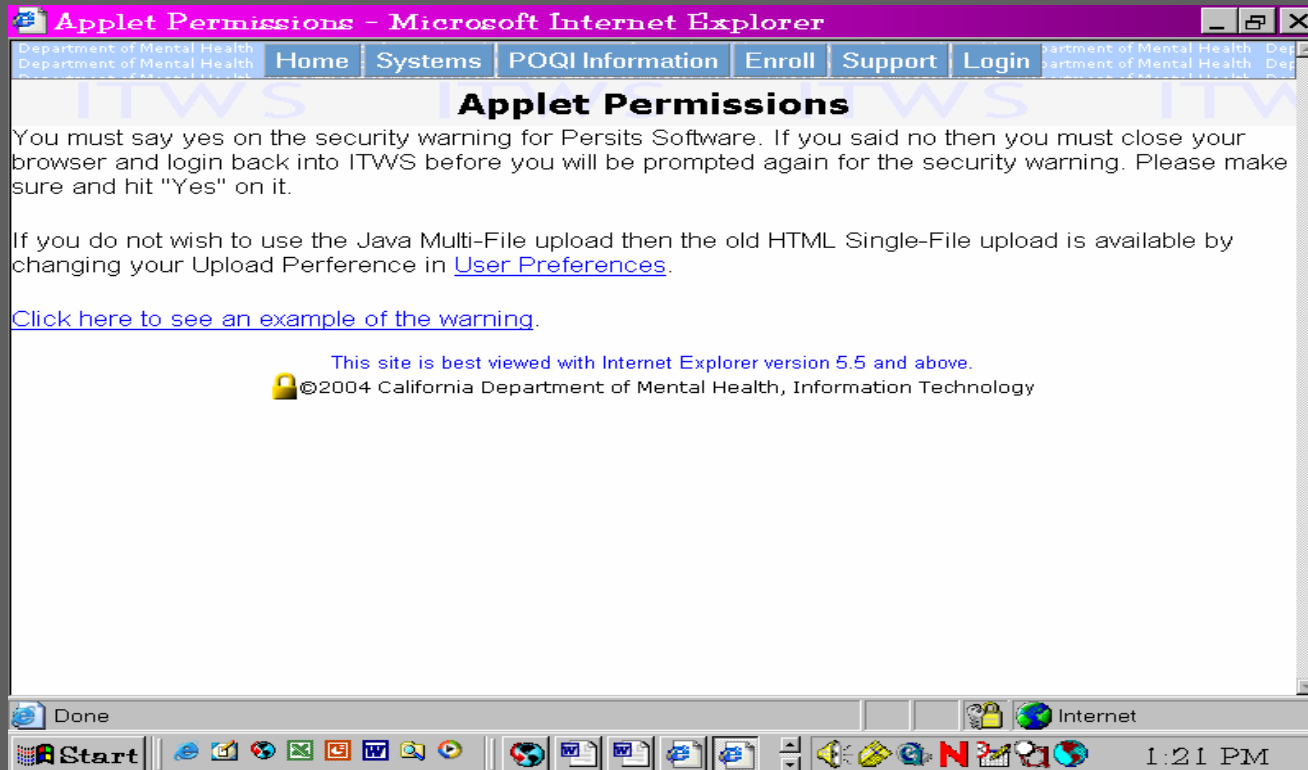
The State Department of Mental Health is implementing a revised Performance Outcome system, scheduled to begin in November 2003. The purpose of this message is to inform counties of the data collection, administration and submission procedures for this implementation. Detailed information regarding the implementation may be found at www.dmh.ca.gov/poqi.

Archive Download
Download
Processing Status
RPODS Data Entry
Transfer Files
Upload

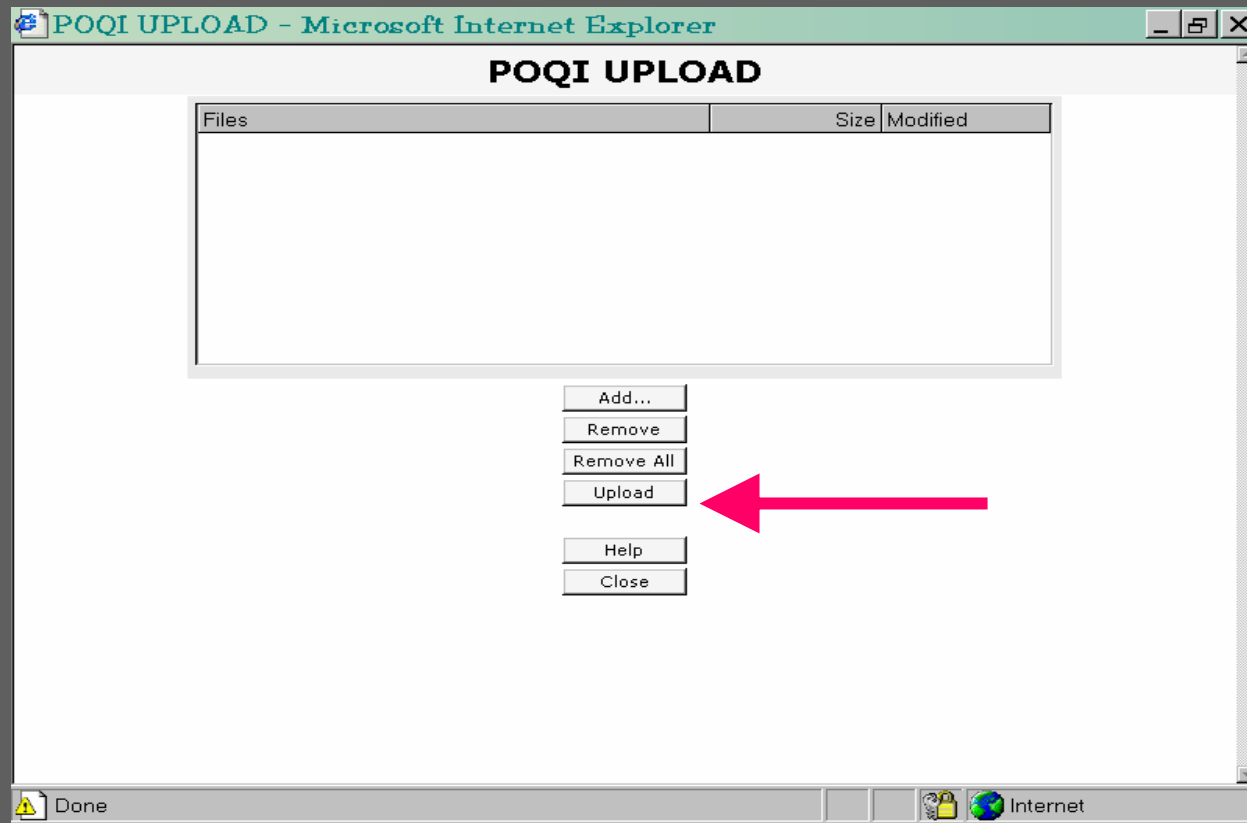
Option 3: Security Warning



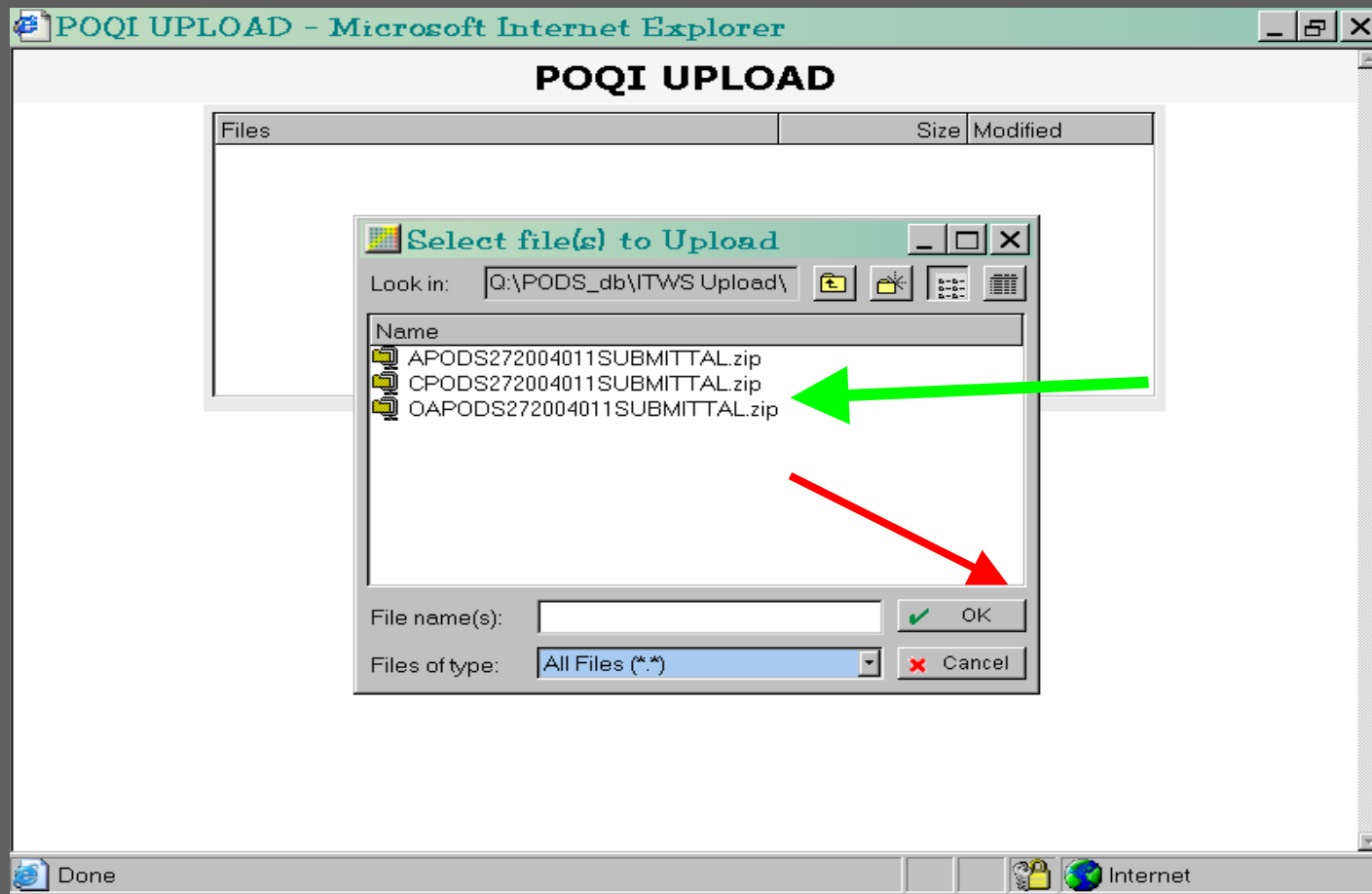
Option 3: Security Warning



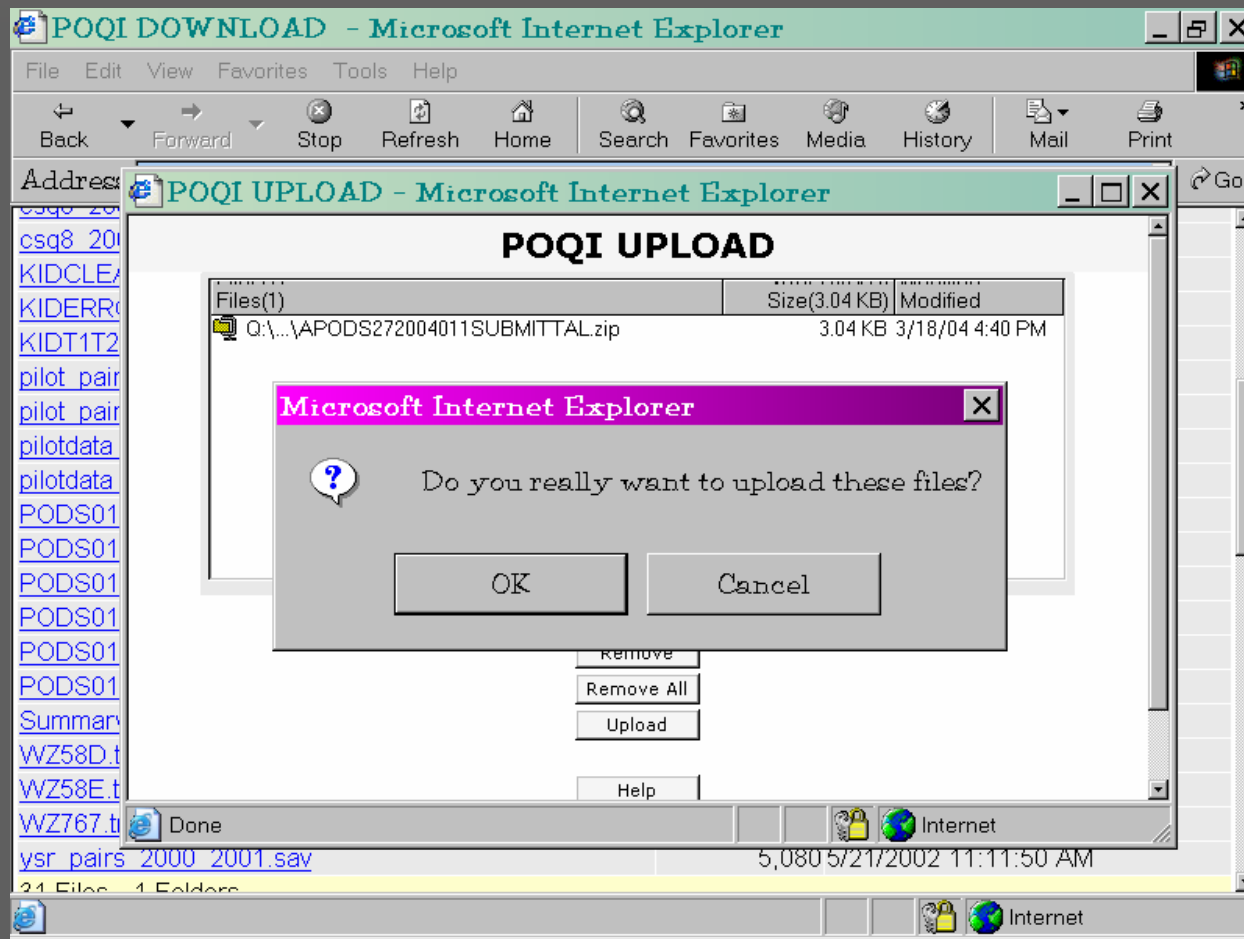
Option 3: POQI Upload



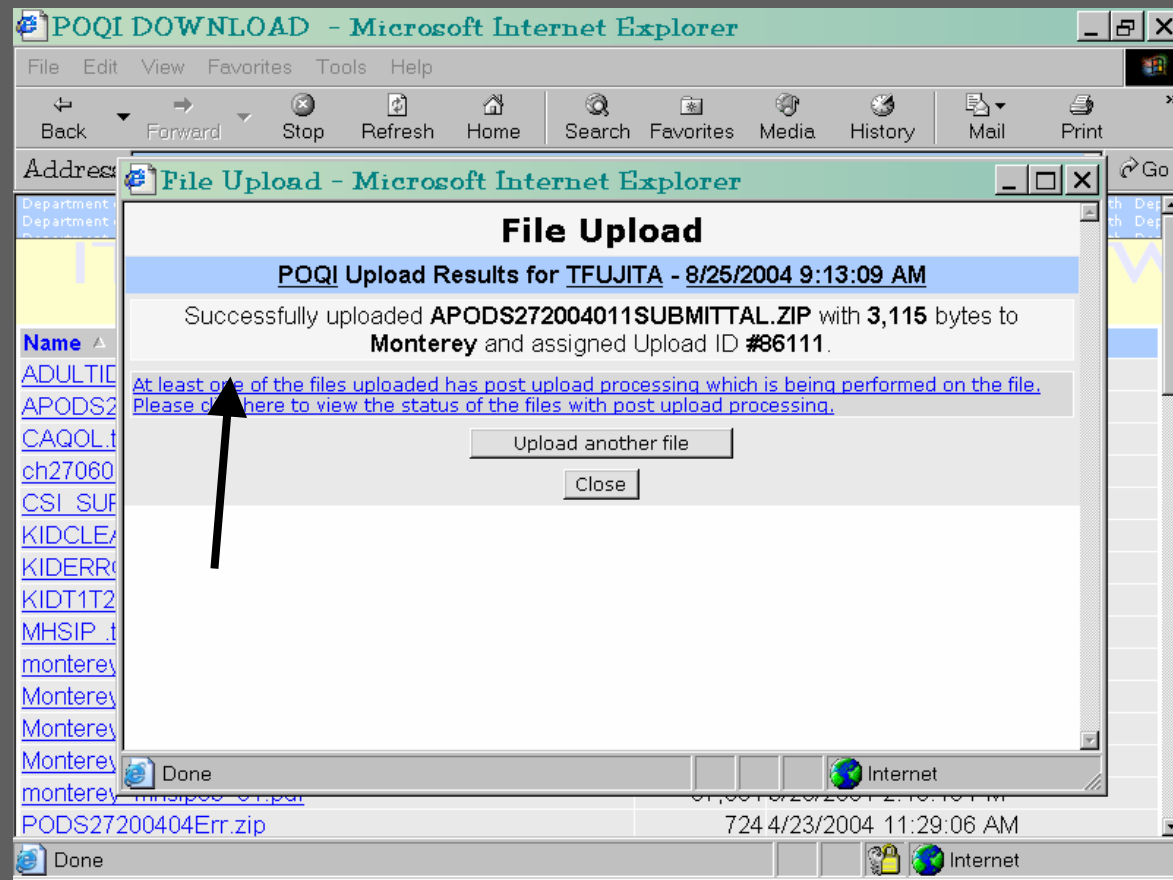
Option 3: Find File to Upload



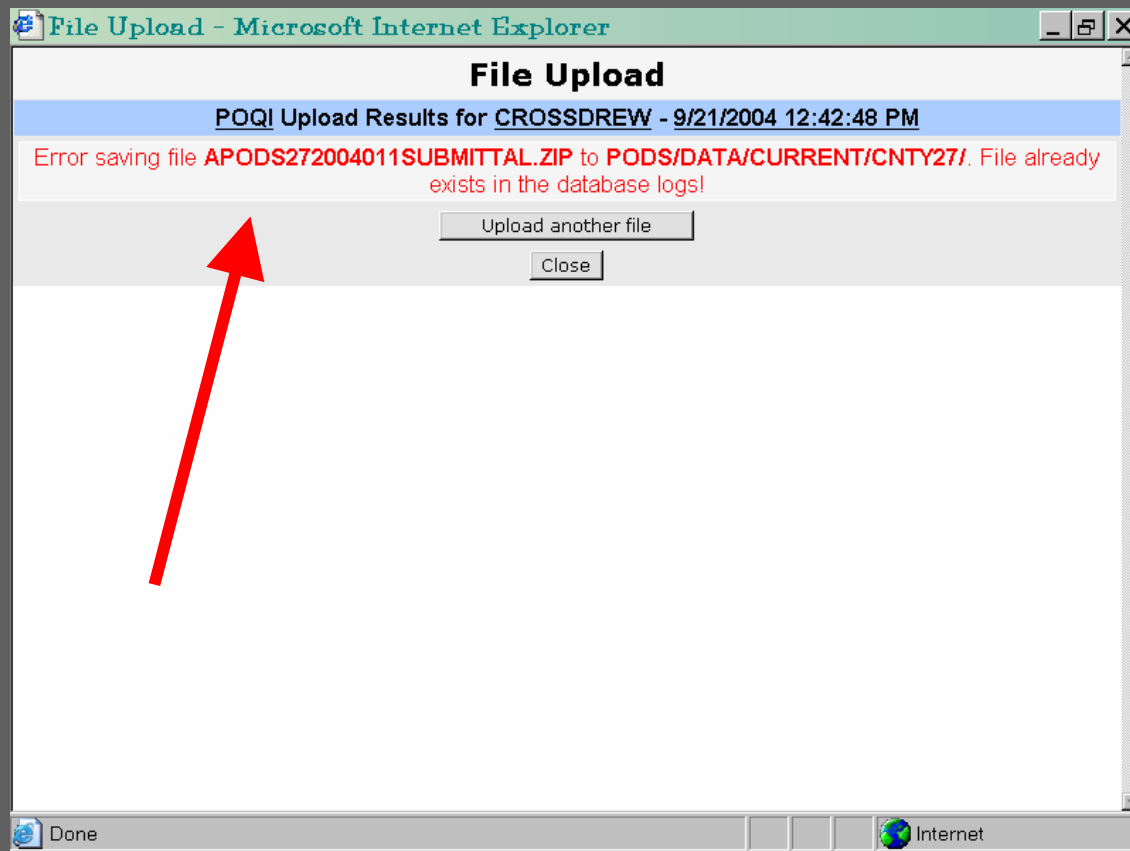
Option 3: Uploading



Option 3: Good News (Black)



Option 3: Bad News (Red)





Getting Your Data Back

Getting Data Back

- ⇒ All counties must have completed data submission by July 31, 2006
- ⇒ If **EVERYONE** gets data in by July 31, data can be returned by August 7th
- ⇒ To Get data Backonline and go to <https://mhitws.cahwnet.gov>

Getting Data Back – Accessing ITWS

Information Technology Web Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print Edit Discuss

Address <https://mhitws.cahwnet.gov/> Go

Department of Mental Health Department of Mental Health Department of Mental Health Home Systems Information Enroll Support Login health Department of Mental Health Dep

Information Technology Web Services

System Messages

Important Notice for Microsoft Windows XP Service Pack 2 Users
Created: 10/6/2004 3:41:00 PM

If you have installed the Windows XP Service Pack 2 (SP2); or, are considering installing it, please read the following notice.

XP SP2's new security features do not restrict the functionality of the ITWS. However, certain functions will require additional confirmation steps. To maintain the same level of security and eliminate these extra steps, we recommend adding the ITWS as a trusted site in your browser settings. For additional information on ITWS compliance with XP SP2 and on adding the ITWS as a trusted site, please [click here](#) to review the Online Technical Support item called "XP SP2 - Did you notice the Information Bar?"

For any questions or problems, please contact the [ITWS Administration](#) at 916-654-3117.

ITWS Login

Username:

Password:

Login Enroll

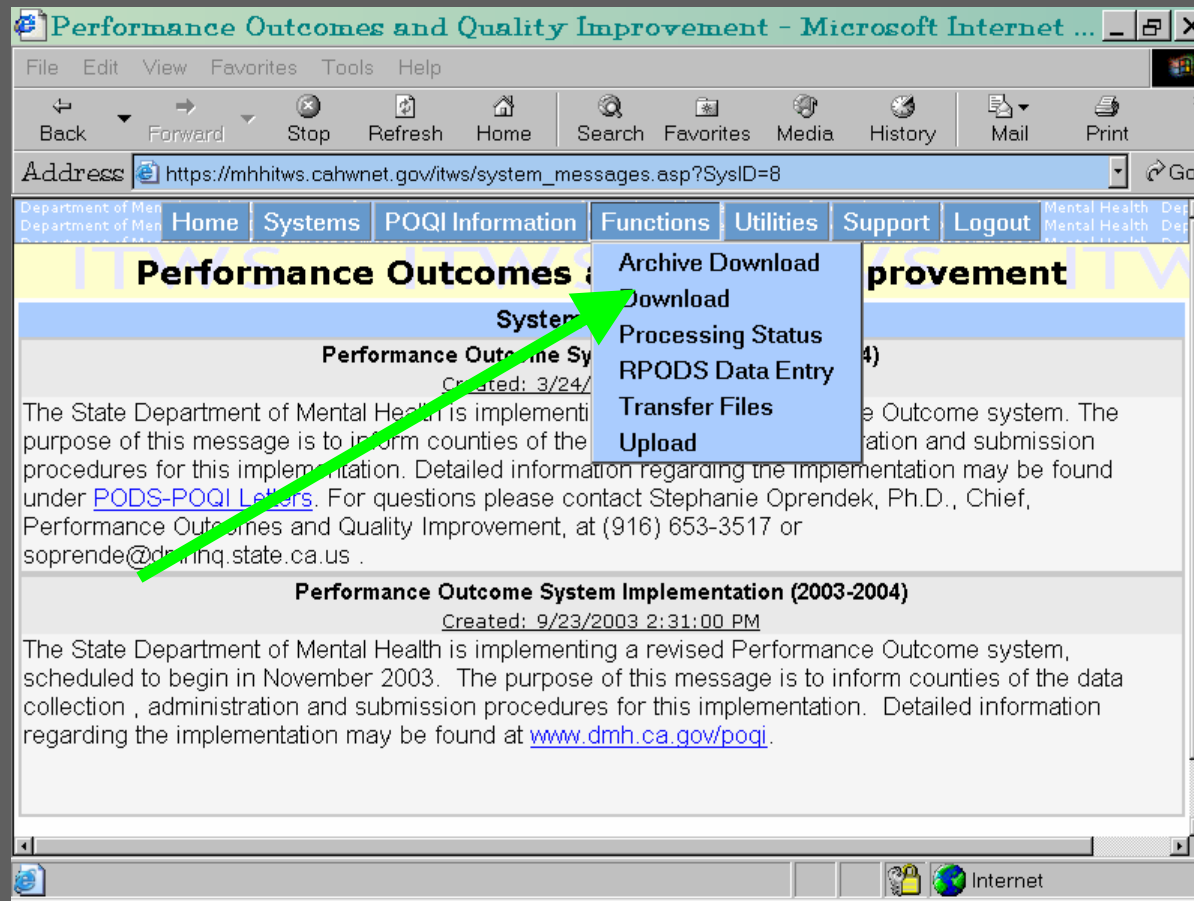
This site is best viewed with Internet Explorer version 5.5 and above.

©2004 California Department of Mental Health, Information Technology

[For Security Information, click on the padlock](#)

Start Novel... Micro... Infor... 9:54 AM

Getting Data Back - Downloading



Getting Data Back – Finding it

POQI DOWNLOAD - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media History Mail Print

Address <https://mhhitws.cahwnet.gov/itws/download.asp?SysID=8&ResID=2> Go

Department of Men Department of Men Home Systems POQI Information Functions Utilities Support Logout Mental Health Des Mental Health Des

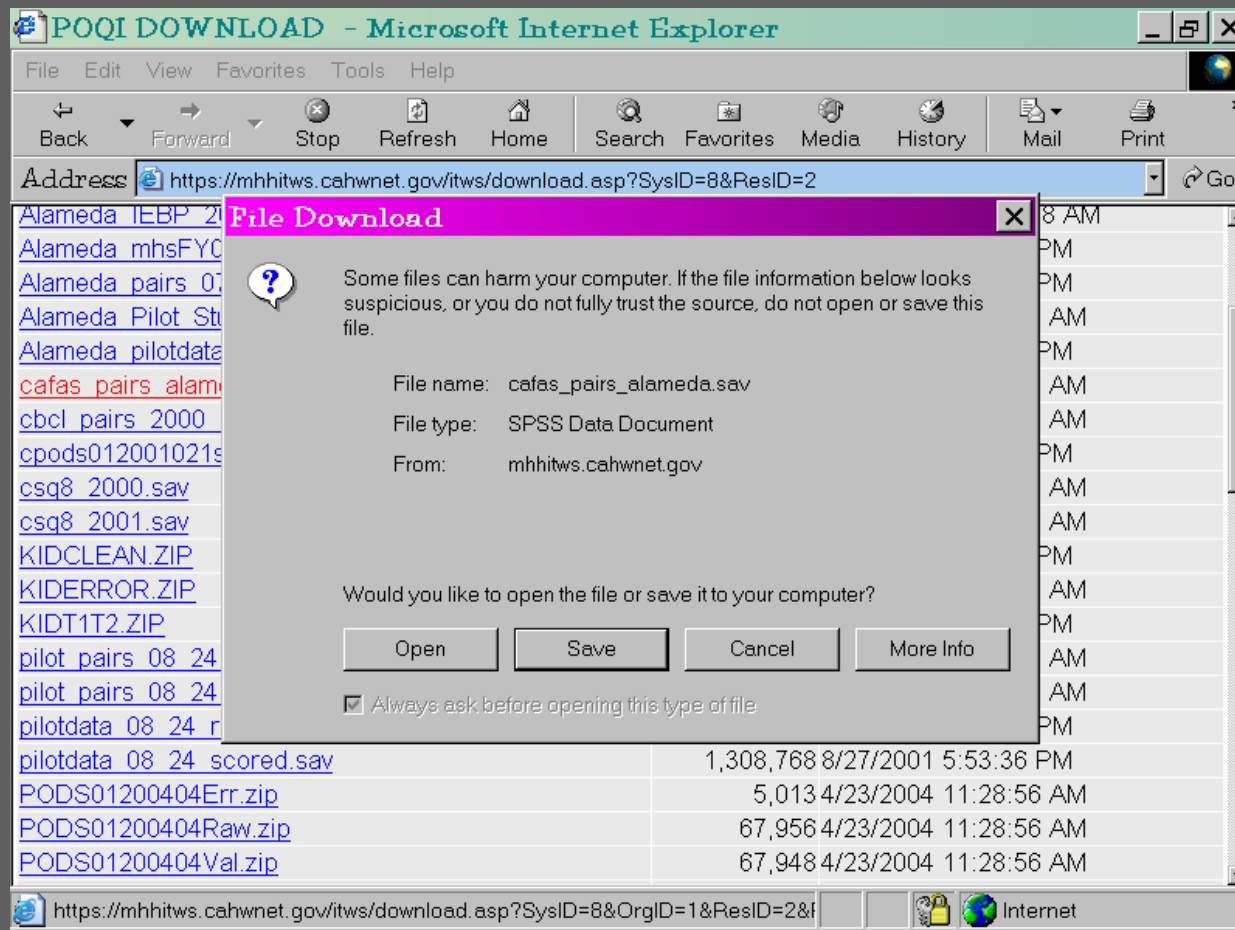
POQI DOWNLOAD

Organization: 01 - Alameda

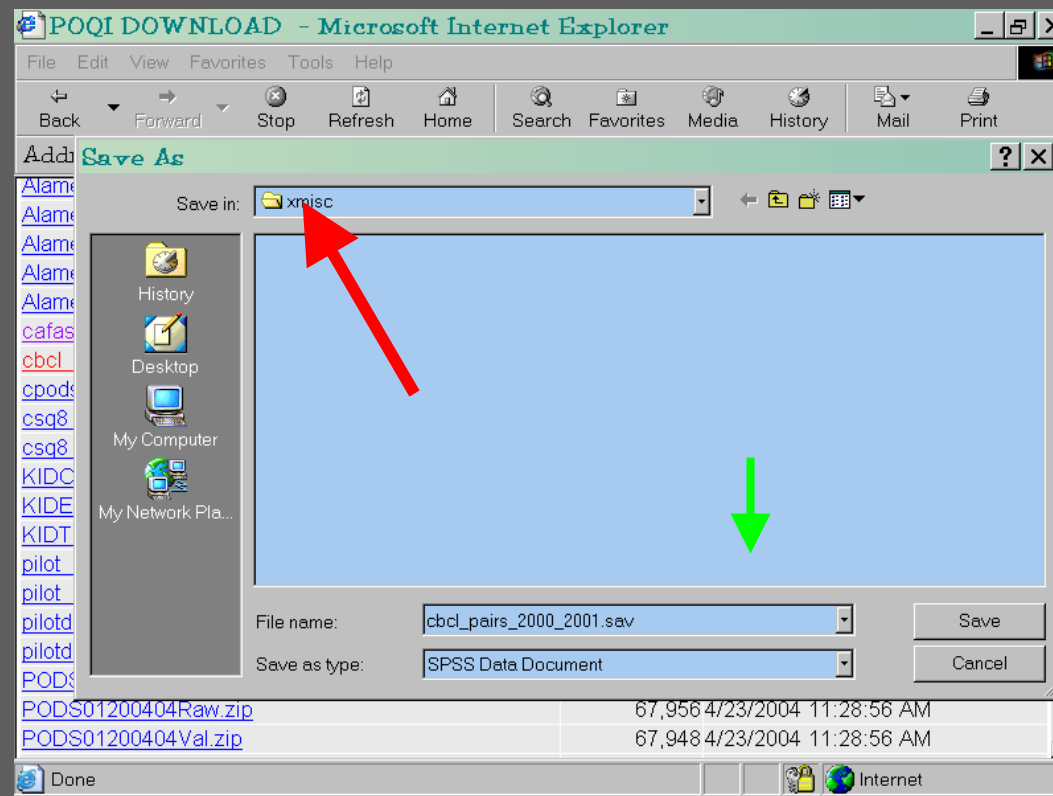
Name	Size	Modified
IEBP2002		DIR 11/18/2003 4:01:54 PM
Alameda 07_30_scored_nonpairs.sav	56,988	8/14/2001 3:45:34 PM
Alameda caqoFY0102.pdf	85,556	9/23/2002 1:59:02 PM
Alameda IEBP_2002.zip	228,405	12/16/2003 11:07:08 AM
Alameda mhsFY0102.pdf	87,812	9/23/2002 2:00:56 PM
Alameda pairs_07_30.sav	52,784	8/14/2001 4:10:48 PM
Alameda Pilot_Study 8_15_01.mdb	7,323,648	8/15/2001 10:32:02 AM
Alameda pilotdata_2002.sav	77,840	5/17/2002 5:23:04 PM
cafes_pairs_alameda.sav	24,272	5/21/2002 10:58:22 AM
cbcl_pairs_2000_2001.sav	5,696	5/21/2002 11:07:20 AM
cpods012001021submittal.zip	43,806	5/22/2001 5:22:30 PM
csq8_2000.sav	9,608	5/21/2002 11:09:34 AM
csq8_2001.sav	10,616	5/21/2002 11:10:22 AM
KIDCLEAN.ZIP	211,801	7/17/2002 2:07:24 PM
KIDERROR.ZIP	76,707	7/16/2002 10:49:22 AM

Internet

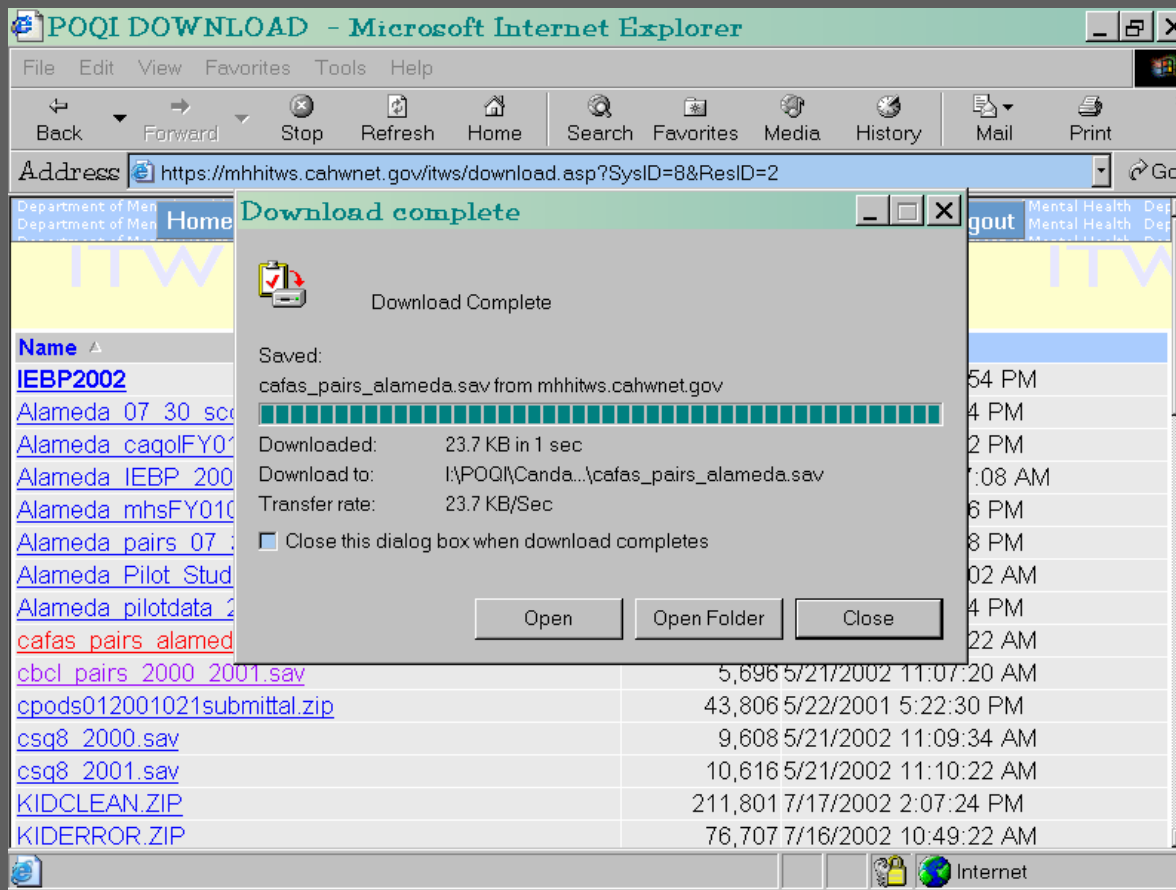
Getting Data Back



Getting Data Back – Saving it



Getting Data back - Downloading



Data Collection Time Frame

- ⇒ Monday
May 1, 2006
thru
Friday
May 12, 2006



Getting help



- ⇒ Alice Chen
916-654-3560
- ⇒ Minerva Reyes
916-654-3685
- ⇒ Candace Cross-Drew
916-653-4582
- ⇒ Traci Fujita
916-653-3300
- ⇒ Brenda Golladay
916-654-3291
- ⇒ Marti Johnson
916-654-3115
- ⇒ Kari Yoshizuka
916-653-5174

General POQI email: poqi.support@dmh.ca.gov